inside this issue:
- Congressional Outlook . . .4
- ESPO’s Guide for New Educators ..............7
- PP&AR Tackles Advance Care Planning ........8

AGHE Meeting Registration Opens

Become a GSA Ambassador
The GSA Ambassador Program is accepting applications for the spring cohort. The program serves as a networking tool linking individuals who have an interest in gerontology with the GSA community. As an ambassador, you have the opportunity to benefit from mentoring, networking, advocating, and participating in leadership opportunities with peers, mentors, colleagues, and leaders in the field of aging. Enrollment forms for the spring cohort are being accepted until January 31. Visit www.geron.org/ambassador to learn more.

Network Seeks to Optimize Patient Centered Medical Homes
The Hartford Change AGEnts Initiative has announced the launch of the new Patient Centered Medical Home (PCMH) Network, which will seek to ensure that the PCMH — a highly coordinated, team-based model of primary care — delivers better outcomes for older adults.

The PCMH Network joins the Dementia Caregiving Network begun earlier this year as part of the Change AGEnts Initiative, a multi-year project funded by the John A. Hartford Foundation and headquartered at GSA. The Change AGEnts program is designed to accelerate sustained practice change that improves the health of older Americans, their families, and communities.

David Dorr, MD, MS, and Colleen Casey, PhD, ANP-BC, CNS, of the Oregon Health & Science University, will co-chair the new PCMH Network.

“The Network will transform PCMHs to better recognize, facilitate, encourage, and ultimately reward doing the right thing for older adults and their caregivers,” Dorr said. “We also want to enhance the connection between

Publication’s Debut Addresses Pain Among Older Adults

The first issue of a new GSA publication series called From Policy to Practice explores pain as a public health problem and takes a look at how various policies impact the care provided to patients in a range of practice settings. It also provides readers with an overview of provisions of the Affordable Care Act that address pain research, education, training, and clinical care — as well as steps taken to implement those provisions.

“An Interdisciplinary Look at the Potential of Policy to Improve the Health of an Aging America: Focus on Pain,” as this inaugural installment is titled, aims to ensure that researchers, practitioners, educators, and policy makers are aware of major policy issues at federal, state, and local levels that impact the prevention, assessment, and treatment of pain, as well as the social and practical supports required by older adults with pain. A copy is being mailed to all GSA members in November. Support for the publication was provided by Purdue Pharma.

The issue was assembled by an expert panel chaired by GSA member Mary Beth Morrissey, PhD, MPH, JD, of Fordham University.

“This publication will serve as a resource for policy makers, researchers, and practitioners dealing with the complexities of older adults’ pain experience in diverse social and cultural contexts,” Morrissey said. “It may also help to inform the design of broad-based policy and practice responses that encompass both medical and social services and supports.”

Joining Morrissey as faculty for the publication were GSA Fellows Ann L. Horga, PhD, or the University of Florida; Edward Alan Miller, PhD, MPA, of the University of Massachusetts,

Continued on page 6

Continued on page 8
GSA Members Are Making a Difference Everywhere

By James Appleby, RPh, MPH
jappleby@geron.org

About one year ago, I let GSA members know that my family is experiencing the creeping sadness that millions of Americans face as they work to support aging parents coping with multiple chronic conditions. I also shared my frustration that the process for providing clear, candid care of older adults with dementia was being done with great variability, while acknowledging that there are examples of exemplary models in pockets around the U.S.

Fast forward 365 days, and my favorite octogenarian, my mother, now has an additional diagnosis of Parkinson’s disease made by a new physician. She has been started on appropriate therapy and seems to be responding as well as can be expected.

While we’re thankful that this intervention is helping, what has made me hopeful is the manner in which the physician brought in other team members to help with Mom’s care in a more comprehensive manner.

At the first follow-up appointment to monitor her initial response to drug therapy, her physician said, “I’d like you to meet my colleague who knows a lot about helping patients with your condition get the most out of exercise and nutrition. She is a nurse practitioner and loves to get the most out of exercise and nutrition. She is a nurse practitioner and loves to work with individuals with your symptoms.” I watched as this additional member of the care team was introduced to my mother, and was pleased that she took the time to explain her background, training, and role. They immediately formed a warm relationship.

As I reflect on all of the medical appointments I’ve taken Mom to, I think this is the first bit of exemplary interdisciplinary team care we’ve encountered. As the physician, nurse practitioner, and my mother discussed her situation and mapped out a game plan of modifying her medication dosage, adjusting her daily nutritional intake, and initiating physical therapy to improve her gait, I was thankful she was being cared for in such a holistic, respectful manner.

Seeing this also reminded me of the countless GSA members involved in interdisciplinary research, clinical practice, and education who are working to improve the care of older adults every day. In fact, as her new nurse practitioner provider was describing her training, I thought to myself, “I bet I’ll find her in GSA’s database” — and sure enough, my hunch turned out to be correct.

It’s GSA’s emphasis on interdisciplinary collaboration that makes our organization a proud leader on projects like the new Change AGents Initiative Patient Centered Medical Home Network, a partnership with the John A. Hartford Foundation that we report about on the front page. A coordinated system of care that provides optimal treatment for older adults is something all providers should strive for — and GSA’s members are ideally suited to lead the way.

So in this season of giving thanks, let me say a big “thank you” to all 5,500 GSA members who are making a difference in the lives of older adults through their research and scholarship, clinical practice, and policy and educational activities. GSA will continue to do all it can to support you and to advance programs and projects to keep the field vibrant.

While much work remains to be done, the important roles you play locally, nationally, and globally continue to transform the aging field. It’s reassuring to know that GSA members are everywhere.

Wishing you a restful Thanksgiving holiday.
New Publications by Members

- “Health and Cognition in Old Age,” by GSA Member Anja K. Leist, PhD; Jenni Kumala, PhD; and Fredrica Nyqvist, MA, PhD. Published by Springer Publishing, 2014.

Members in the News

- GSA Fellows Monika Ardelt, PhD, Laura Carstensen, PhD, and Ursula Staudinger, PhD, were quoted in a March 12 article in *The New York Times* titled “The Science of Older and Wiser.” Ardelt additionally was quoted in an April 8 Huffington Post article titled “7 Secrets of Wise People.” [Editor’s note: An incorrect version of this announcement appeared in the June issue, which omitted mention of Ardelt’s and Staudinger’s contributions.]
- Monika Eckfield, RN, PhD was quoted in the April 2014 issue of *Martha Stewart Magazine* and CNN Living in an article titled “For the Love of Lightening Up.” The piece describes some of the reasons why discarding belongings can be difficult for many of us, and particularly for older adults.
- Joe Verghese, MD, MS was quoted in an NPR piece titled “Slow Walkers May Be On Their Way to Dementia” on August 1. Verghese’s research detailed how gait may indicate other cognitive abnormalities.
- *The Philadelphia Inquirer* published an op-ed on August 3 by GSA Fellow Rachel Pruchno, PhD, titled “Societal Shrapnel, The Mentally Ill, Could Be Better Served.” The piece discussed Pennsylvania state law as it applies to mental health.
- GSA Fellow Toni Miles, MD, PhD authored a commentary for New America Media titled “Unsafe at Any Age—Georgia’s New Gun Law vs. State Alzheimer’s Plan” on August 4. The article suggested that some gerontologists are concerned about the Safe Carry Protection Act.

GSAConnected Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at www.geron.org! Here’s what members have been talking about:

- Kristen Porter, MS: “… the challenge of what does it mean to successfully age and how as researchers do we conceptualize ‘successful aging’ for marginalized populations, including LGBT older adults.”
- Martina Roes, PhD, RN: “I’ve also experienced, that very often we use PCC (person-centered care) but as a ‘definition’ but what we mean by person centeredness (PC) is missing or at least unclear.”

The Gerontologist Names New Book Review Editor

Effective January 2015, *The Gerontologist* welcomes GSA Fellow Judith G. Gonyea, PhD, as the new book review editor. Recently published books may be sent for consideration of review to her attention at the following address: Judith Gonyea, Book Review Editor, Social Research Department, School of Social Work, Boston University, 264 Bay State Road, Boston, MA 02215.

New Fellows Inducted in the American Academy of Nursing

Nine GSA members who are a part of the Hartford Gerontological Nursing Leaders were recently selected to be inducted as fellows into the American Academy of Nursing. They are G. Adriana Perez, PhD, ANP-BC, of Arizona State University; Debra Bakerjian, PhD, RN, FNP, FAANP of the University of California, Davis; Janet C. Mentes, PhD, APRN, BC, of the University of California, Los Angeles; Marianne Smith, PhD, RN, of The University of Iowa; Lisa E. Skemp, PhD, RN, of Our Lady of the Lake College; Sarah L. Szanton, PhD, RN, ANP; Johns Hopkins University; Marie Boltz, PhD, RN, CRNP, of Boston College; Kathleen E. Krichbaum, PhD, RN, ANEF, of the University of Minnesota; and Lori L. Popejoy, PhD, APRN, GCNS-BC, of the University of Missouri.

Kelly Receives Newly Established Professorship

Christopher M. Kelly, PhD, an associate professor in gerontology at the University of Nebraska Omaha, was recently named the Leo Missinne Professor of Gerontology. This newly established professorship is given to a faculty member at the associate professor level who excels in the areas of teaching, research, and service. The professorship is made possible through the generosity of Leo Missinne, PhD, an emeritus professor in gerontology at the university.

Heyn Article Secures Top Download Status

Patricia Heyn, PhD, from the University of Colorado was recently recognized as having one of the top 25 downloads on the ScienceDirect website. Her article, “The Effects of Exercise Training on Elder Persons with Cognitive Impairment and Dementia,” was published in the *Archives of Physical Medicine and Rehabilitation*.

Member Spotlight

GSAs website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Tyesha Nicole Burks, PhD

Visit www.geron.org/membership to ask questions and read previous interviews.

Colleague Connection

Thank you to everyone who participated in Membership Month this September. GSA gave a $25 Amazon gift card to every member who referred a new member to GSA. Rona Karasik, PhD, from Saint Cloud State University won the grand prize of a two-night weekend stay at the Washington DC Metro Center Marriott!
At this point in the 113th Congress, it’s hard to imagine there is anyone who has not yet realized there has been little legislative accomplishment during the past two years. Polls show that only about 15 percent of Americans approve of the way Congress is doing its job and about 22 percent believe that the best way to fix Congress would be to replace all of the current members.

Congress returned to DC from its five-week recess on September 8 for only a couple weeks. The House and Senate completed their work on the must-pass Continuing Resolution (CR) appropriations bill to keep government operating beyond September 30, and then they headed home on September 19 to campaign. Congress plans to return to DC on November 12.

Legislators spent some of that short time in session taking “messaging votes” on bills that had no chance of becoming law before the elections, but might put the other party on the defensive. For example, the Senate Democrats scheduled votes on a bill to ensure that men and women receive equal pay for equal work and legislation to enable Congress to limit campaign contributions and expenditures. The House Republicans continued their work to undo the Affordable Care Act (ACA) by passing a bill that would allow health insurance companies to continue to offer policies in the group market that do not meet ACA standards.

There seems to be little chance that the lame duck session planned for after the elections is going to make up for the least productive Congress in six decades (only 163 bills enacted). There are a few bills that need to or may move in November and December, but little aging policy is likely. Of course, the results of the election and who will be leading the Senate in the next Congress will influence the agenda.

FY 2015 Appropriations

The House and Senate passed H.J.Res.124, which funds the federal government through December 11, 2014. The bill funds government programs and services at the current annual cap of $1.012 trillion but includes an across the board cut of 0.0554 percent. How this reduction will play out in the final appropriation bill for the rest of the fiscal year has not been determined.

Health Care and Hospice Legislation

The last week before the House and Senate recessed until after the elections, both bodies passed H.R. 4994 (S. 2553), the Improving Medicare Post-Acute Care Transformation (IMPACT) Act. The bill is expected to be signed by President Barack Obama. Post-acute care can be provided by skilled nursing facilities, inpatient rehab facilities, long-term care hospitals, and home health agencies. These providers will now have to submit standardized data which will help enable comparisons across various provider the settings.

Older Americans Act

In spite of grassroots and DC-based efforts by the aging network and the Leadership Council of Aging Organizations, little progress was made during the summer toward reauthorization of the Older Americans Act. Advocacy groups continue their work during the current recess, but few are confident that disagreements regarding state funding allocations for the OAA will be resolved during the lame duck session.

White House Conference on Aging

Nora Super, the executive director of the 2015 White House Conference, dove right into her new role by conducting a series of “listening sessions” across the country at national conferences, including GSA’s annual meeting. Advocates await details on future regional meetings and pre-conference events focused on the primary issue areas.

Elder Justice

On September 17, Representative Peter King (R-NY) introduced H.R. 5515, the Elder Justice Reauthorization Act. This legislation is a simple reauthorization of the current law (Elder Justice Act) through the end of FY 2019. The U.S. Department of Justice has also launched an elder justice website at www.justice.gov/elderjustice; it is designed to provide information to victims, family members, prosecutors, researchers, and service providers.

Health and Aging Policy Fellows Program

If this is the first time you have read the Policy News column, you won’t have seen my annual description of (and plug for) the interdisciplinary Health and Aging Policy Fellows Program. This excellent opportunity for federal or state experiences in the legislative or regulatory process is supported by The Atlantic Philanthropies and administered by Columbia University under the direction of GSA member Harold Alan Pincus, MD. If you have ever dreamed of taking your commitment to policy advocacy and change to the next level, consider going to the program website for the full details at www.healthandagingpolicy.org. Don’t wait too long; applications are due April 16, 2015. In the meantime, please read about this year’s fellows below:

GSA member Rachel Roiland, PhD, RN, is a special advanced geriatric fellow in the William S Middleton Memorial Veterans Hospital’s Geriatric Research and Education Center and an associate faculty member at the University of Wisconsin-Madison School of Nursing. Her research focuses on identifying those older adults at highest risk for experiencing poor transitional care outcomes (e.g., re-hospitalization, return visits to the emergency department). She is
working to design systems to help nurses identify frailty and prepare individuals to return home safely.

Thomas Tsai, MD, MPH, is a research associate in the Department of Health Policy and Management at the Harvard School of Public Health and a general surgery resident at Brigham and Women’s Hospital. His research focuses on understanding variations in health care spending and outcomes in order to evaluate the impact of health policy efforts. His recent focus is on achieving value in the Medicare system with projects focused on bundled payments and variations in utilization of post-acute care.

Patricia Yu, PhD, LCSW, focused her dissertation on the caregiving experiences and work patterns of immigrant home health workers and its implications on immigration, elder care, and labor force issues. She is particularly interested in how to integrate the immigrant workforce into community based care settings that both creates better patient outcomes and elevates the role of direct care workers. She is a licensed clinical social worker with advance practice experience in acute and community based settings.

Heidi Allen, MSW, PhD, is an assistant professor in the School of Social Work at Columbia University. She teaches classes on advanced policy practice and health policy. Allen’s research focuses on eliminating health disparities through evidence-based health policy and evolved from her clinical practice in mental health and emergency department social work. She is a lead investigator on the Oregon Health Insurance Experiment — the first randomized trial to examine the impacts of a health insurance expansion on uninsured adults.

Shirley Bondon, JD, MBA, is the manager of the Office of Guardianship and Elder Services at the Washington State Administrative Office of the Courts. The office is charged with mitigating the impact the age wave will have on the state court system. Bondon’s work contributed to developing the most comprehensive guardianship training program in the country at the University of Washington, Washington State’s first statewide training program for lay/family guardians and the policies and procedures that guide the Public Guardianship Program.

GSA member Amanda Lehning, PhD, MSS, is an assistant professor at the University of Maryland, School of Social Work. Her research focuses on the effects of policies, programs, and neighborhood infrastructure on elder health, well-being, and the ability to age in place. Her research on aging-friendly communities aims to advance the conceptualization, measurement, and evaluation of this type of community-level initiative.

Rick Selvik, MPH, MSW, is a public health analyst in the Chicago Regional Office for the National Health Service Corps (NHSC) and currently works with NHSC sites on reviewing applications and recertifications to ensure site compliance. Selvik works with the recruitment and retention of physicians, dentists, and behavioral health clinicians in the NHSC and is the regional state lead for Minnesota and Wisconsin. He is particularly interested in integrated primary health care for chronic care management for the aging.

Vorada Savengseuksa, MPA, is currently the aging & adult services program specialist at the Asian Counseling and Referral Service (ACRS), one of the area agencies on aging in the Seattle, Washington, King County area. Since joining ACRS in 2013, she has helped create and develop programs in home care aide retention by securing grants that support caregiver students in King County to meet training and certification requirements. Savengseuksa has played a key role in steering advocacy communications to raise awareness about Asian Pacific Islander seniors’ needs.

GSA Fellow Lori Simon-Rusinowitz, MPH, PhD, is an associate professor at the University of Maryland School of Public Health Department of Health Services Administration and interim director of the Center on Aging. She is currently addressing age-friendly communities by leading a team in conducting a needs assessment of low-income, racially/ethnically diverse elders that will inform development of age-friendly services in Prince George’s County, Maryland. She is also the department graduate program director and the Graduate Gerontology Certificate Program director.

Victoria Walker MD, CMD, is the chief medical and quality officer for the Evangelical Lutheran Good Samaritan Society, the largest non-profit provider of long-term care and senior services. Her training is in family medicine. She began her career as a family practice physician in a small Midwestern community. After several years providing community care, she shifted to working in a psychiatric hospital, where she developed a special interest in caring for those with dementia and end of life care.

Beverly Xaviera Watkins, PhD, MA, is a community-based research scientist and health care provider. Her research focuses on reducing health disparities at the community level. Her areas of specialization are minority aging, environmental health disparities, community-academic collaboration, and the use of mixed methods. Most recently, Watkins and her colleagues at the New York University School of Medicine received a grant from the National Institute on Minority Health and Health Disparities to study sleep disparities in New York City.
Report Shows Worker Mobility Key to Tackling EU Demographic Challenges

To address the effects of population aging, the leadership of European Union (EU) expects to work toward closing the gender gap and increase the participation of young and older workers in the labor market, but mobility and migration also have a key role to play. This is the main finding of the Joint Commission/Organization for Economic Cooperation and Development (OECD) report titled “Matching Economic Migration with Labor Market Needs,” published in September. In Europe, the working-age population (ages 15 to 64) is projected to decline by 7.5 million (-2.2 percent) between 2013 and 2020, while it will grow in the same proportion in the OECD area as a whole. The joint report outlines three complimentary policy responses: fostering intra-EU labor mobility to ensure a better allocation of skills; better integrating non-EU migrants to ensure a smarter use of their skills; and attracting the skilled migrants needed on the EU’s labor market. The report can be viewed at bit.ly/1BPZ0Am.

Isolation: An Emerging Crisis for Older English Men

According to the International Longevity Centre–UK, a growing generation of older men is facing a future of increased isolation. Meanwhile, the number of older men aged 65+ living alone is projected to rise by 65 percent between now and 2030. That’s according to research conducted by Independent Age and the International Longevity Centre–UK, which shows that the number of older men living alone is expected to rise from 911,000 to 1.5 million by 2030; older men are more socially isolated than older women; older men have significantly less contact with their children, family, and friends than older women; the number of older men outliving their partners is expected to grow. This research is based on the latest data from the English Longitudinal Study on Ageing (ELSA), interviews with older men, focus groups, and existing research. In England in 2012 and 2013, more than 1.2 million men over 50 reported a moderate to high degree of social isolation. A total of 710,000 men over 50 reported a high degree of loneliness. In the report, loneliness is defined as a subjective perception in which a person feels lonely. Social isolation broadly refers to the absence of contact with other people. The new research reveals that older men report significantly less social contact with children, family members and friends than older women. Almost 1 in 4 older men, 23 percent, have less than monthly contact with their children, and nearly 1 in 3, 31 percent, have less than monthly contact with other family members. For women, the figures are 15 percent and 20 percent, respectively. Additionally, 1 in 3 older men without a partner are the most isolated, compared to over 1 in 5 women (37 percent vs. 23 percent). The report looks at the importance of partnerships and examines how older men’s social networks tend to decline after the death of a partner. It calls on men to take steps to prevent isolation and loneliness and recommends action that government, charities, and service providers can take to better address the needs of older men. The report can be accessed at bit.ly/1wqOsGu.

Continued from page 1 – Network Seeks to Optimize Patient Centered Medical Homes

PCMHs and relevant resources, including family caregivers and community-based resources.”

Casey indicated that current PCMH definitions and implementations do not encourage the models and care practices known to improve outcomes for older adults.

“Both the national definitions from the National Committee for Quality Assurance and various federal demonstrations, as well as state and local definitions of the PCMH, contain little or no focus on advance care planning, functional status, comprehensive assessments, and geriatrics expertise, yet most of these initiatives contain a significant proportion of at-risk elders,” Casey said. “Many of the mixed results coming from studies of PCMHs demonstrate a gap in achieving the crucial outcomes of reduced disability, improved health, and reduced overutilization and cost.”

Joining Dorr and Casey on this self-directed network for its initial phase is a multi-sector interprofessional team of five experts in the field of patient centered care models. This includes Molly Meltzer, MSW, of Healthisme; Toni Miles, MD, PhD, of the University of Georgia; Aanand Naik, MD, of the Michael E. DeBakey Veterans Affairs Medical Center; Robert Schreiber, MD, of Hebrew Senior Life; and Tasha Woodall, PharmD, CGP, CPP, of the Mountain Area Health Education Center.

“Most of us at some point will be caregivers for one or more older adults — and anyone who has had an encounter with our healthcare system knows that current approaches often fail them,” said GSA Executive Director and CEO James Appleby, RPh, MPH. “The work of the PCMH Network is essential and will generate learnings that benefit all older adults and their families.”

The Network’s members will identify immediate opportunities to improve the care of older adults through enhancement of PCMH and similar primary care redesign models. They will focus on identifying change opportunities for professionals working with or in PCMHs — including geriatric nursing, medicine, pharmacy, and social work — in addition to professionals from other relevant disciplines.

“Today, patient centered medical homes represent the nation’s best hope for transforming the primary care, including for older Americans,” said Christopher Langston, PhD, Program Director for the John A. Hartford Foundation. “This Network and its expert leadership and members can make a truly critical contribution towards ensuring these medical homes deliver on this promise and create care that truly meets older patients’ needs.”
In addition to research and practice, many ESPO members are heavily involved in teaching — as teaching assistants, lecturers, and faculty members. Teaching is an often challenging, yet rewarding experience, and excellent teaching and mentoring skills are invaluable to inspiring future gerontologists! This ESPO News column, co-authored by assistant professors, discusses strategies, resources, and advice for emerging educators.

Educational Strategies in Gerontology

As a teacher, you have the opportunity to introduce gerontology as a growing and important field that is influential on various levels, from students’ aging parents and grandparents to their communities and the larger health care systems. Students often come into the classroom with the mindset that a discussion on aging is going to be depressing or even boring. Incorporating activities that focus on both the challenges and positives of aging will help students come away with a better understanding of what gerontology actually is.

Given that gerontology is interdisciplinary, one strategy is to weave in gerontology content into existing courses that may not be as gerontology specific (e.g., psychology, sociology, kinesiology, social work, etc.). Explaining the links between gerontology and other disciplines may also attract new gerontologists who may not have realized additional career opportunities in the field.

Engagement in the classroom may vary depending on educational settings (e.g., face-to-face or online). Many instructors adapt their teaching style to work in an online environment, developing creative assignments using group work, discussion boards, podcasts, and recorded presentations. An example might be to have students create questions and record an interview with a gerontology researcher, educator, or clinician, and then share the interview with other students. Educators teaching face-to-face courses could make service-learning an instrumental part of their course. This experience would be useful in terms of exposing students to new environments (e.g., assisted living, nursing homes, etc.) and making connections between course concepts and experiences of older adults. Interactive quizzes and clickers in class can also be useful to engage larger classes where soliciting feedback from all students may be a bit more challenging.

Teaching Independently for the First Time

Teaching independently for the first time can be daunting. To prepare, seek out opportunities to work as a teaching assistant or observe a course for a semester/quarter. As a teaching assistant, actively participate in developing content for courses, such as lectures or exams, and take opportunities to lead the class independently. In addition, meet with the instructor periodically to discuss the teaching process and as an observer, take careful notes, focusing on teaching strategies and ways to engage students.

Despite ample preparation, you may still be nervous taking on the role as an educator for the next generation of gerontologists. Seek out a faculty mentor to help you through the process and to provide guidance and support. Be assured that your teaching style will evolve as you gain more experience and confidence. Keeping a journal of your teaching experiences can be helpful throughout these new experiences and validate your progress and success!

Resources

There are a number of resources that may prove helpful to educators acclimating to their new role. “McKeachie’s Teaching Tips” and Lassell College’s “Talk of Ages” are excellent resources for activity ideas, syllabi, management suggestions, and many more resources for aging studies courses. GSA's educational branch, the Association for Gerontology in Higher Education (AGHE), also has several resources for educators on its website at www.aghe.org. As part of AGHE’s mission, it seeks to advance gerontology and geriatrics education and lead and support gerontology faculty educators. Gerontology & Geriatrics Education (G&GE) is also the official journal of AGHE and includes articles and resources surrounding gerontology education, pedagogy, and explores opportunities for gerontologists in education, research, and the community. AGHE’s annual meeting typically takes place in late February/early March.

Advice

In her G&GE article titled “Engaged Teaching for Engaged Learning: Sharing Your Passion for Gerontology and Geriatrics,” GSA and AGHE Fellow Rona Karasik, PhD, offers excellent “rules for engagement” in the classroom (e.g., how engagement is defined, gerontology specific strategies, and much more). These ideas are a helpful guide for gerontology educators who are just beginning their careers as well as more seasoned faculty members. Reaching out to other colleagues and networking at national conferences is a great way to learn more about creative ideas to keep students engaged and attract new students to the field of gerontology. We hope these ideas will serve as a resource to you as you begin or advance your career in gerontology.
Advance Directives Can Benefit Patients, Families, and Health Care System

Nearly one out of four older Americans say that either they or a family member have experienced excessive or unwanted medical treatment, according to the latest issue of GSA’s Public Policy & Aging Report (PPeAR), which goes on to show that Americans strongly support holding doctors accountable when they fail to honor patients’ end-of-life health care wishes.

This PPeAR, titled “Advanced Illness Care: Issues and Options,” features 12 articles that present new ways of understanding the complexity of securing appropriate advanced illness care and the decision-making dilemmas it presents. It also provides a valuable benefit by reviewing specific programs, demonstrations, and tools that family members and providers can use in providing care to persons with advanced illness. These models are person- and family-centered, and preliminary evaluations find that they may be cost-effective as well. Support for the publication was provided by Compassion & Choices.

“It is important to ensure that patients and their wishes are what drive the health care system, particularly at the end of life,” said Daniel R. Wilson, the national and federal programs director for Compassion & Choices. “We were pleased to partner with The Gerontological Society of America to publish this issue of the PPeAR, which includes cutting edge writers and thinkers in the advanced illness and end-of-life field.”

Advanced illness is defined as the period of illness when functioning and quality of life decline and where the efficacy of continued treatment is open to both medical and ethical question. Yet, as illness becomes more debilitating, clinical interventions often become more frequent. Studies show that the average Medicare beneficiary with one or more chronic conditions sees eight different physicians each year. It is at this stage when the medicalization of health care tends to overtake and overwhelm the needs and wishes of patients themselves. Advanced illness, due to disease, chronic conditions, or disability, can happen to anyone at any age. However, the vast majority of people with advanced illness are older than 65.

“Recent experience and studies make clear that well-informed individuals and their families often choose less care, in less institutional settings, often resulting in improved quality of life,” state Robert B. Hudson, PhD, and Brian W. Lindberg, MMHS, in their introduction to the issue. “It has become clear that palliative care and hospice care are often not provided soon enough, and that in-depth conversations with persons with advanced illness can help articulate treatment and life-style preferences that the health care system has often ignored or missed.”

Among the discussion of new models and tools that have been developed in recent years to better address advanced illness dilemmas and decisions, Charles Sabatino, JD, the director of the American Bar Association’s Commission on Law and Aging, highlights more than a dozen resources for updating and codifying preferences. He lists these under four headings: getting the conversation going, comprehensive advance planning tools, guides focusing on certain illnesses or decisions, and advance directive registries.

The new PPeAR comes on the heels of a major report released by the Institute of Medicine this fall, which was titled “Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life.” Its findings demonstrated that improving the quality and availability of medical and social services for patients and their families could not only enhance quality of life through the end of life, but may also contribute to a more sustainable care system.

Continued from page 1 – Publication’s Debut Addresses Pain Among Older Adults

Boston; and Joshua M. Wiener, PhD, of RTI International.

“This publication addresses how public policy helps to shape responses by medical and long-term care providers to the needs of older people,” Wiener said. “My hope is that this publication will draw attention to the regulatory and funding constraints and incentives that currently exist and motivate changes to reduce pain among older people in the community, hospitals and nursing homes, especially at the end of life.”

Chronic pain affects about 100 million American adults — and costs the nation up to $635 billion each year in medical treatments and lost productivity, according to the 2011 Institute of Medicine (IOM) report “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research,” which went on to identify older adults as a population at risk for inadequate assessment and treatment of pain.

Morrissey called the release of the new GSA publication very timely, as it follows on the heels of the recently released IOM report titled “Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life,” which recommends integrated financing of medical and social services for individuals with serious advanced illness.

“GSA’s primary focus in this 2014 report is bringing attention to the urgent needs of older adults living with pain, especially chronic pain that is often accompanied by multiple chronic illnesses,” Morrissey said. “These complex needs call for both person-centered and public health responses.”

The new issue of From Policy to Practice goes on to examine current policies in the context of the Affordable Care Act implementation and structural incentives for integrated and coordinated care, and highlight the role of policy in helping to eliminate pain disparities and assure equitable access to appropriate pain care and management for older Americans.

Morrissey additionally emphasized the value of the interdisciplinary approach taken by this publication.

“There is robust evidence showing that pain is a multidimensional experience involving the complex interaction of sensory, cognitive, emotional, social, cultural, and spiritual dimensions,” she said. “In light of this, it is essential that knowledge and expertise from across the various disciplines — for example, medicine, nursing, social work, psychology, pharmacy, and rehabilitation therapy — be brought to bear on the challenges pain poses for older adults and their family caregivers through interprofessional and interdisciplinary collaboration.”
GSA’s Mentoring Webinar Recording Available
“Navigating the Mentor-Mentee Relationship,” the latest entry in GSA’s Emerging Scholar and Professional Organization (ESPO) Professional Development Webinar Series, has now been archived on the GSA website at www.geron.org/webinar. Led by GSA Fellows Deborah T. Gold, PhD, and Keith Whitfield, PhD, this presentation addresses finding mentors, delineating roles and responsibilities of mentors and mentees across career stages, and managing potential challenges. The webinar was supported by The Mentoring Effect, a special project of the GSA Innovation Fund.

DOJ Creates Elder Justice Website
The U.S. Department of Justice (DOJ) has launched a new website dedicated to elder justice at www.justice.gov/elderjustice, which offers resources for victims of elder abuse and financial exploitation and their families; practitioners who serve them; law enforcement agencies and prosecutors; and researchers seeking to understand and address this silent epidemic plaguing the nation’s elders. Victims and family members will find information about how to report elder abuse and financial exploitation in all 50 states and the territories. Federal, state, and local prosecutors will find three different databases containing sample pleadings and statutes.

Researchers in the elder abuse field may access a database containing bibliographic information for thousands of articles and reviews. Practitioners (including professionals of all types who work with elder abuse and its consequences) will find information about resources available to help them prevent elder abuse and assist those who have already been abused, neglected, or exploited.

Toolkit Offers Grant Advice for Self-Advocacy Groups
The Association of University Centers on Disabilities has developed its Grant Writing and Grant Management Toolkit for Self-Advocates to help self-advocacy organizations apply for grants. This resource provides information on how self-advocacy organizations can become more independent and guidance on how to become a tax-exempt non-profit organization. Its content is based on feedback from self-advocates who received funding from the Administration on Community Living’s Administration on Intellectual and Developmental Disabilities to administer self-advocacy organizational development grants, which served as pilot projects for federal funding of self-advocacy organizations. The toolkit may be accessed at www.aucd.org/docs/urc/Self_Advocate_Grantwriting_Toolkit_FINAL.pdf.

2014 Academic Leadership Conference
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Grants Enable Study of Ties Between Alzheimer’s Disease, Down Syndrome

The National Institute on Aging and the Eunice Kennedy Shriver National Institute of Child Health and Human Development have issued a funding opportunity announcement to enable the identification of the longitudinal progression of Alzheimer’s disease in adults with Down syndrome using clinical, cognitive, imaging, genetic and biochemical biomarkers. The biggest risk factor for Alzheimer’s disease is age and Alzheimer’s is the most common cause of dementia in those aged 65 and older. Down syndrome is the most common chromosomal disorder in newborns and the most commonly identified genetic cause of cognitive impairment in individuals. Most individuals with the syndrome develop the pathological hallmarks of Alzheimer’s (plaques and tangles) by their 30s and 40s and a high percentage (estimates of up to 80 percent) eventually develop clinical dementia as they age into their 70s. The development of Alzheimer’s in Down syndrome patients is linked to the triplication of the amyloid precursor protein (APP) gene on chromosome 21 that results in 50 percent greater levels of both APP mRNA and amyloid beta. Thus, the Down syndrome population has a very high probability to develop AD dementia.

However, there are very few longitudinal data on Alzheimer’s biomarkers, including those found in cerebrospinal fluid and by imaging modalities in this population. Moreover, due to the pre-existing cognitive issues, the standard cognitive instruments used in Alzheimer’s detection/progression make early-stage dementia detection difficult. Letters of intent are due December 12. The full announcement may be accessed at 1.usa.gov/YM2Mgm.

RRF Accepting Applications for Projects in Aging

The Retirement Research Foundation (RRF) is currently accepting grant requests for its next funding application deadline on February 2, 2015. The RRF is devoted to improving quality of life for older Americans. Through its responsive grants program, RRF supports: direct service; advocacy; education and training programs for professionals working with elders; and research to seek causes and solutions to significant problems of older adults. Proposals for projects that have a local focus are considered from organizations based in seven states: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects of national relevance are considered from organizations located anywhere in the U.S. To learn more, visit www.rrf.org or e-mail info@rrf.org.

Interdisciplinary Research in Aging.

The Integrative Graduate Education and Research Traineeship (IGERT) in Aging Sciences program is supported by funding through the National Science Foundation (NSF), The Oregon State University Graduate School and the College of Public Health and Human Sciences. This program continues and ex-ponds Oregon State’s vital commitment to gerontology education with a wide range of supporting scien-tific research. It is the first and only IGERT program in the nation with a focus on aging sciences!

The program provides a $30,000 stipend and support for tuition and research. Students are mentored by faculty in existing research cores at Oregon State’s Center for Healthy Aging Research:

1) Diet and Genetics
2) Gerontechnology
3) Population, Social and Individual Health
4) Musculoskeletal

Students from diverse disciplines including Human Development and Family Sciences, psychology, sociology, public health, nutrition, exercise sciences, engineering, computer sciences, chemistry, biology, design, and other disciplines, may apply. Dr. Karen Hooker is the program’s Principle investigator. For more information, visit: http://www.hhs.oregonstate.edu.igert/; or contact holly.lenz@oregonstate.edu.

Yale Training Program in Geriatric Clinical Epidemiology and Aging-Related Research

With sponsorship from the National Institute on Aging, Yale University is offering a two- to three-year postdoctoral training program in geriatric clinical epidemiology and aging-related research. The goal of the program is to provide highly qualified fellows (MDs or PhDs) with research skills in geriatric clinical epidemiology and an intensive research experience under the mentorship of experienced investigators in gerontology and geriatric medicine. Trainees will have access to resources and expertise through the Program on Aging/Claude D. Pepper Older Americans Independence Center, the Robert Wood Johnson Clinical Scholars Program, the Investigative Medicine Program, the School of Public Health, and the Geriatric Medicine Program. Upon successful completion of the Program, MDs may receive a Master of Health Sciences Research from the Yale School of Medicine. Candidates who have a PhD should have completed their doctoral training in areas such as (but not limited to) gerontology, public health, epidemiology, biostatistics, psychology, or biology, and should be committed to an academic career in aging-related research.

Application materials can be obtained at: http://medicine.yale.edu/intmed/geriatrics/fellowships/research.aspx#page1.

Information about the Yale Program on Aging may be found at http://medicine.yale.edu/intmed/geriatrics/research/index.aspx

Deadline for Application Submissions is January 23, 2015

Minority candidates are encouraged to apply. US citizenship or permanent residence is required.
Funding Slated for Research on Muscle Mass, Mobility

The National Institute on Aging (NIA) is inviting applications for support of analyses of existing data (or data whose collection will be completed within one year) from older populations with high prevalence of mobility disability, low muscle mass, and low muscle strength (weakness). Interventions targeted at low muscle mass and/or weakness may prevent or reduce mobility disability in some older persons; to assess the efficacy of such interventions against mobility disability, the NIA sees a need to test them in persons in whom muscle mass and/or strength are (or will be) sufficiently low to be likely contributors to disability. Applications submitted in response to this announcement should support development and evaluation of diagnostic cut-points based on analyses of relations of mobility disability to muscle mass and strength. These analyses should extend and expand upon analyses to date on this topic, which have identified and proposed cut-points for low muscle mass and weakness. Studies supported through this announcement should clarify relations between muscle mass and strength, impaired physical function, and mobility disability, and their implications for setting diagnostic cut-points, through analyses of data from populations with substantially more individuals with mobility disability than were included in previous analyses. Letters of intent are due December 15 and applications are due January 15, 2015. For more details, visit 1.usa.gov/1w7rzYq.

Neuromuscular Junctions Are Targets of New NIA Funding

The National Institute on Aging (NIA) is offering funding to encourage cross-disciplinary research to investigate the mechanisms underlying age-related declines in neuromuscular junctions (NMJs) as a functional unit of nerve and muscle, and explore potential avenues for maintaining the NMJs during aging or reversing the age-dependent loss in function of the NMJs using model organisms. NMJ is the fundamental functional unit that connects the nervous system with the muscular system via synapses between the motor neuron fibers and muscle cells. However, little is known about the mechanisms responsible for age-related decline in function of the NMJs. Few investigations have focused on the mechanisms that are required for maintenance of NMJs over the lifespan. Furthermore, the role of various supportive tissues associated with the NMJ in maintenance of function is also unexplored. Letters of application are due December 29. See more details at 1.usa.gov/1tIdDS0.
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Visit:
http://tulane.edu/som/aging/aging-studies/index.cfm
Rowan University Receives $1 Million for Successful Aging Facility
A pledge of $1 million from the William G. Rohrer Charitable Foundation to the New Jersey Institute for Successful Aging (NJISA) at the Rowan University School of Osteopathic Medicine (SOM) will create an endowed chair in geriatrics and provide a perpetual funding source for geriatric research, clinical care, and education programs. The gift will be combined with two SOM endowments already established by the foundation, resulting in a fund of more than $2 million. The SOM launched the medical school’s new Department of Geriatrics and Gerontology in September. With the launch of the new department, the SOM joins about a dozen other medical schools in America that have established a distinct academic department dedicated to geriatrics and gerontology. The new Department of Geriatrics and Gerontology will encompass two divisions — Geriatric Medicine and Geriatric Behavioral Health. The department will be the academic home for the more than 50 faculty and staff who currently are engaged in the clinical, research, educational, and community service mission and activities of the NJISA.

USC receives AoA Aging grant for National Center on Elder Abuse
The Keck School of Medicine of the University of Southern California (USC) was named the sole grant recipient to become the National Center on Elder Abuse (NCEA), a clearinghouse created by the Administration on Aging (AoA), part of the Administration on Community Living in the U.S. Department of Health and Human Services. The $2.2 million three-year grant funds NCEA’s programs, which includes technical assistance and training to states and community-based organizations to develop effective prevention, intervention, and response efforts addressing elder abuse. The NCEA will also conduct research and advocate for policy changes on behalf of older adults. The NCEA will be spearheaded by GSA member Laura Mosqueda, MD, and the team at the Keck School in collaboration with the USC School of Gerontology, the American Bar Association, and other organizations dedicated to supporting an aging America. The NCEA will be dedicated to increasing identification and reporting of elder abuse; improving the aging community’s ability to detect, intervene in, and prevent elder abuse; and stimulating sustainable and innovative systems.

NEW! Advanced Illness Care: Issues and Options
The latest issue of PP&AR features 12 articles that present new ways of understanding the complexity of securing appropriate advanced illness care and the decision-making dilemmas it presents. To view this issue log in at geron.org/publications and click on the PP&AR cover to access.

The Gerontological Society of America (GSA) believes it is important to inform individuals about the policy issues generated by the aging of society; therefore, since January 2014, all GSA members now receive electronic access to PP&AR included in their dues. View all member benefits at www.geron.org/membership
THE CHANGING FACE OF AGING AROUND THE WORLD

As a unique network of institutions dedicated to advancing scholarship in gerontology, AGHE’s educational programs set the benchmark for standards in academic programs across the country. With over 160 colleges and universities that offer education, training and research programs in the field of aging, AGHE invites these leaders to come together annually at the Annual Meeting & Educational Leadership Conference, the premier national forum on gerontological and geriatrics education.

LEARN MORE AT AGHE.ORG/AM
As gerontologists, what we study is actually the cumulative outcome of lifelong events that culminate during old age. These effects, which can begin at the earliest stage of fetal development, encompass biology, social interactions, historical events, psychological experiences, and public policy.

The 2015 theme challenges researchers to highlight possible consequences of early life effects on aging, be it through biomedical events, nutrition, socioeconomic status, educational opportunities, stressful life experiences, or social relationships. Through the interdisciplinary research of our attendees and the expansion of our view of aging as a lifelong process, we have the potential to truly enhance the prospect of healthy aging.

The call for abstracts will be available mid-December and are due by March 5, 2015.
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Get started now! Visit www.geron.org and log in to GSA Connect to create your profile and start interacting with your network.