With Family Caregiver Shortage, GSA Joins Call for New Supports

The need for family caregivers in the U.S. is rapidly increasing, yet demographic shifts are causing the pool of potential family caregivers to decrease, according to “Families Caring for an Aging America,” a new highly anticipated report from The National Academies of Sciences, Engineering, and Medicine. Currently, nearly 18 million people in this country provide some form of care for loved ones age 65 or older.

With a grant from The John A. Hartford Foundation, GSA is working to broadly share the recommendations found in the report and help move them into implementation in communities across the country. In a press release, GSA echoed the report’s call for retooling the health care delivery system through practice and policy change to more appropriately recognize and support the integral role of family caregivers.

“The recommendations set forth in this major new report challenge us to transform the health care experience for older adults and their family caregivers,” said GSA President Nancy Morrow-Howell, PhD. “The approach requires a multidimensional, interdisciplinary effort that spans diverse settings of care. GSA strongly supports this effort to create a person- and family-centered model for team-based care that recognizes and rewards the role of the family caregiver.”

America’s Top Reporters on Aging Chosen for Fellowship Program

GSA and New America Media (NAM) have selected 16 distinguished reporters for the next cohort of the Journalists in Aging Fellows Program, now in its seventh year. They represent a wide range of general audience, ethnic, and senior media outlets, including several public radio affiliates, daily newspapers, and national publications.

The fellows will convene during GSA’s 2016 Annual Scientific Meeting in New Orleans and utilize the more than 450 presentation sessions and 4,000 expert attendees to develop a major aging-focused story or series. These proposed projects, to be published in 2017, will span such concerns as elder isolation, homeless seniors, the digital future, and aging in ethnic populations.

“We provide a unique venue to help them understand everything from the latest discoveries in the health sciences to the impact of the 2016 elections on older adults.”

The fellows program is supported by funding from The Silver Century Foundation, AARP, The Commonwealth Fund, The Retirement Research Foundation, and The John A. Hartford Foundation.

“Our fellowship collaboration with GSA has been essential for educating reporters and the increasingly diverse communities they inform about the challenges of growing older.” said NAM Executive Director Sandy Close. “The wide range of topics this year and the depth of the proposals shows that journalists are grasping the impact of these issues in every community.”

In New Orleans, the fellows also will report on new developments in aging and participate in a day-long workshop, where experts will discuss the latest research and provide insight on key issues facing Americans as they age.
What better lead-in could November’s National Caregiving Month have received than the new landmark report, “Families Caregiving for an Aging America?” As detailed on the front page, this long-expected publication from the National Academies of Sciences, Engineering, and Medicine serves as a comprehensive guide to what we know about family caregiving, a call to action, and a roadmap for the future.

It’s hard to think of any subject that is of relevance to as many GSA members as this one. It touches so many of us professionally and personally. A large number of us understand the complex issues of caregiving from our own experiences providing care for an older adult or an individual with disabilities — or from family and friends who are doing or have done so. The challenges are financial, emotional, and practical as one attempts to find quality care that enables a high level of independence for the individual and a workable situation for the family caregiver, who is often unprepared for the situation.

My siblings and I have a supporting role in caring for my mother (my favorite octogenarian), and are grateful for a devoted sister who takes the lead in these experiences providing care for an older adult or an individual with disabilities — or from family and friends who are doing or have done so. The challenges are financial, emotional, and practical as one attempts to find quality care that enables a high level of independence for the individual and a workable situation for the family caregiver, who is often unprepared for the situation.

For those who haven’t been a caregiver, it may just be a matter of time. The new report tells us that the proportion of older adults who are most likely to need intensive support from family caregivers — those in their 80s and beyond — is projected to climb from 27 percent in 2012 to 37 percent in 2050. And with adults age 65 and above expected to make up a full one-fifth of the U.S. population by 2030, your chances of becoming a caregiver are on the rise.

There are so many facets to the caregiver quandary; likewise, the nation faces challenges related to the direct care workforce, including nurse assistants and home care aides. Besides the fact that we face a significant eldercare workforce shortage, these individuals who will be trusted to care for millions of boomers in the years ahead often work long hours with low pay and no health care benefits. Some live in poverty and many lack the proper training needed to provide quality care safely and effectively.

GSA members have grappled with all of these issues and more as researchers, practitioners, and educators, and you will be part of the solution, too. With support from the John A. Hartford Foundation, GSA is undertaking a variety of dissemination efforts to promote the visibility and implementation of the new report’s recommendations. The Annual Scientific Meeting in New Orleans will feature two symposia on the topic, as well as a press briefing to engage the participants in the Journalists in Aging Fellows Program. There will also be briefings on Capitol Hill where we will work with legislators to champion the cause of family caregiving. And that’s just the beginning.

Why hasn’t caregiving gotten the attention it deserves before now? As is the case with so many aging issues, there is a disconnect between what the experts know about caregiving and what the general public and policymakers believe to be the case. Armed with the most comprehensive report to date, our job is to close that knowledge gap and find ways to increase support for both family and paid caregivers to help ensure quality care for aging and older adults.

World Congress of Gerontology and Geriatrics
July 23 to 27, 2017
www.iagg2017.org

Next date to remember: December 1, 2016
Abstract notifications sent; registration opens; call for late-breaking abstracts issued
In Memoriam

GSA Fellow Ramón Gutmann, PhD, passed away at age 73. Gutmann was a past president of the International Federation on Ageing (IFA) and served as IFA’s vice president for Latin America and the Caribbean. He published hundreds of papers related to social problems in adulthood and aging. He also taught gerontology and sociology as a professor at the University of Barcelona’s School of Medicine, and developmental psychology as an associate professor at Palermo University in Buenos Aires.

New Books by Members

• “Community Wayfinding: Pathways to Understanding,” by Rebecca Hunter, MA, Lynda Anderson, PhD, and Basia Belza, PhD, RN. Published by Springer International Publishing, 2016.

Members in the News

• The New York Times interviewed Kenneth Langa, MD, PhD, for an article published on July 24. The piece, titled “Personality Change May Be Early Sign of Dementia, Experts Say,” discussed the potential dangers for over diagnosis of Alzheimer’s disease and dementia.
• Christina Pierpaoli wrote a blog post for Psychology Today on July 13 titled “Wise Up: Study Aging.” The piece highlighted why the study of aging is critical to the future of the field of psychology.
• Forbes quoted GSA Fellow Jason Karlawish, MD, in an article titled “Alzheimer’s Disease Patients Are the Last Casualties of the Cold War,” published on July 30. The article outlined the recent history of the growth of Alzheimer’s disease.

Colleague Connection

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

Rebecca Allen, PhD

The recipient, who became eligible after referring new member Amy Albright, MS, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

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

Peter Lichtenberg, PhD

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

Kahana Case Western’s Highest Award

GSA Fellow Eva Kahana, PhD, has been awarded the 2016 Frank and Dorothy Humel Hovorka Prize, given to those who have made extraordinary contributions to their academic field and to Case Western Reserve University. Kahana is a distinguished university professor; Robson Professor of Sociology, Nursing, Medicine and Applied Social Sciences; and director of the Elderly Care Research Center at Case Western Reserve University. She has published extensively in the areas of altruism, stress, coping, and adaptation of the aged, health care partnerships, environmental influences on older persons, and issues of caregiving and care-getting. Her most recent formulation focuses on preventive and corrective proactivity of older adults in shaping successful aging.

Mor Receives Champion of Quality Award

The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) announced GSA Fellow Vincent Mor, PhD, as the 2016 recipient of the Mary K. Ousley Champion of Quality Award for his contributions to quality in the long-term and post-acute care community. Internationally recognized as a top researcher, Mor has been working for decades studying how the delivery of health care affects the well-being of frail and chronically ill older adults, particularly in skilled nursing centers. He helped to create the nursing center minimum data set (MDS) resident assessment tool and has developed MDS-based quality measures that enable providers and policymakers to evaluate quality improvement initiatives nationwide. He conducted some of the first research on national rehospitalization rates in skilled nursing facilities that helped shape AHCA’s quality initiative. Mor also is the 2016 recipient of GSA’s Robert W. Kleemeier Award.

Four Members Selected as Health and Aging Policy Fellows

The Health and Aging Policy Fellows Program provides professionals with the experience and skills necessary to shape a healthy and productive future for older Americans. It offers four tracks that provide professionals with the experience and skills necessary to help ensure that the U.S. healthcare system can meet the needs of a rapidly increasing aging population. GSA congratulates the following members in the 2016-2017 class: Pamela Cacchione, PhD, CRNP, BC, Gary Epstein-Lubow, MD, Sharon K. Inouye, MD, MPH, and Gary Stein, JD.

GSAConnect Corner

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

• Tina Kruger, PhD: “I led a short-term study abroad experience to Finland in May of 2014. The focus was on a cross-cultural comparison of long-term care.”
• Thomas Meuser, PhD: “I’m also trying a number of initiatives on my campus to encourage students to consider a gerontology elective, if not a degree. I am curious about what other program directors are doing to encourage interest and grow enrollment. I would love to hear about other ideas and approaches.”
After 33 years (this month) in this town, I have had the pleasure of working with and learning from some amazing people. Legislators, Hill staff, policy wonks, professional and citizen lobbyists, and hardworking bureaucrats — many of them would be very interesting for you to get to know. With the election just around the corner, those of us in the aging advocacy business are once again worried about how the outcome could affect programs and resources for older Americans. So, I’d like to share my daring joint interview with two long-time colleagues and friends who will provide a sense of what they think may lie ahead for Medicare, Medicaid, and miscellaneous other programs. Warning: it may take a couple of columns to get us there.

Tricia Neuman is a senior vice president at the Henry J. Kaiser Family Foundation and serves as its director of the Program on Medicare Policy and its Project on Medicare’s Future. She and I both had the pleasure of working for Senator John Heinz on the Senate Special Committee on Aging many years ago. She is one of the most knowledgeable and respected Medicare experts in the country and cares deeply about making the program work well to meet the diverse needs of its beneficiaries.

Howard Bedlin is a bit of a policy wonk as well, but he is also one of the aging world’s best and brightest lobbyists. He is responsible for all of the National Council On Aging’s federal and state legislative advocacy efforts on the Older Americans Act, Medicare, Medicaid, long-term care, income security, and community services programs. I requested this interview with them because they offer both deep policy insights and political sense.

Brian Lindberg: Thank you guys for doing this. Let’s start with what you see are the real strengths of the current Medicare and Medicaid programs and the challenges we’re going to face coming into the next Congress and the new Administration.

Tricia Neuman: Medicare remains a remarkably popular program. Seniors are happy with it by and large, and Medicare enjoys strong support from the general public. That speaks to the strength of Medicare in providing good coverage that’s relatively affordable. Of course, Medicare is not perfect and faces some challenges. A big one is affordability — an issue given half of all beneficiaries live on an income of less than about $24,000 per person. Even though Medicare provides basic coverage, people still grapple with relatively high cost sharing — high deductibles, high copays, and some face high costs for their prescription drugs, which is an emerging policy issue.

Medicare doesn’t have a limit on out-of-pocket spending, unlike health insurance in the private marketplace, and this exposes seniors to catastrophic expenses, unless they have supplemental insurance. In fact, many feel the need to buy additional insurance to limit their financial risk. And Medicare’s low-income beneficiaries do not have the same protections that are now available to people who have coverage under the ACA [Affordable Care Act]. That could be an issue going forward. I think the biggest challenge facing Medicare’s future relates to financing. Although Medicare spending has been growing at a remarkably low rate for the past several years, the slow growth can’t itself sustain Medicare indefinitely, with all the baby boomers coming onto Medicare. So, a big issue that has yet to be addressed is, how is the nation going to pay for health care for a growing aging population?

Howard Bedlin: I agree with everything Tricia said. I do think we’re starting with a very solid foundation. Again, per capita costs have been increasing at a historically low rate of growth, but, at 59 this year, I’m at the peak of the baby boom. So, our cohort is going to be on Medicare pretty soon. And that’s driving the financing question. Clearly, we think that discussing revenues should be on the table as well. Solvency is not an urgent problem at this time. People need to bear in mind that we’re really only talking about the Medicare Part A Trust Fund when we talk about solvency and full benefits can be paid until 2028. And even after that, we can still cover 87 percent. I do think, however, we should be considering how to reduce hospitalizations. That would likely be the best thing we could do to extend Part A solvency. But, what’s fascinating about Medicare these days is the impact of the ACA and the fact that so many innovative things are happening with regard to delivery system reform: accountable care organizations, new demonstrations on Independence at Home, and a variety of other demonstrations that could become permanent policy across the country. We’re changing incentives from more volume to more value. I do think that is driving some
of the reduction in the rate of growth of costs. Certainly, there are issues around areas that Medicare doesn't cover, like dental services or hearing aids or vision services, which could be quite expensive, but I think there is growing concern about how we might do a better job in covering some of those, particularly for lower income vulnerable people. These have significant implications for health care. I think a big challenge that we will hopefully be addressing soon is the problems with regard to chronic care and chronic conditions, which is really driving costs.

I'm pleased to see the Senate Finance Committee tackling that. So, we're anxious next year to see if we can move the ball forward on improving how Medicare addresses the needs of folks with multiple chronic conditions.

**Brian:** Tricia, how do you see the ACA affecting Medicare?

**Tricia:** One of the major concerns that people talked about when the Affordable Care Act was being debated was what was going to happen to the Medicare Advantage program (Medicare's managed care option) after the reductions in payments built into the law take effect. Since the ACA was passed, enrollment has climbed steadily. More and more people are moving into Medicare Advantage plans despite the reductions in payments. The increase in Medicare Advantage enrollment raises important questions for Medicare. For example, how are plans changing each year, and what do these changes mean for enrollees — not just premiums and deductibles, but in other ways that can have a big impact on out-of-pocket costs and access to care, such as provider networks, cost-sharing requirements, and extra benefits? An important question is whether people on Medicare are comparing plans and shopping for the best coverage available.

For the majority of Medicare beneficiaries who are covered under traditional Medicare, this might mean shopping for a stand-alone Medicare Part D plan that will do the most to lower their drug costs. For those in Medicare Advantage plans, this would mean comparing the HMOs and PPOs in their area for premiums, costs (including prescription drugs), other benefits and provider networks. In focus groups, seniors say they know they should look at alternative coverage options and some thought they should make a change, but many confessed it was just too much trouble. Many have the sense that all plans are basically the same, which just is not true. Plans vary in all sorts of ways — some more transparent than others.

**Howard:** That's true for the prescription drug benefit under Part D as well. We recently learned, for example, that only about one and a half million beneficiaries, which is less than three percent of the total, actually use the Plan Finder to select a plan. That is the best tool for comparing plans to see which is the best for you, and we do have a competitive market, both with regard to Medicare Part D and choosing whether you want to stay in fee-for-service, the traditional program, or go to Medicare Advantage. People are not using the tools that are available to them and they're leaving a lot of money on the table. We've been trying to simplify the process.

**Brian:** How well is Medicare serving disabled individuals?

**Tricia:** A few years ago, we conducted a national survey of Medicare beneficiaries with disabilities on Medicare to explore this question. People often think of Medicare as a program for seniors, but roughly 10 million people on Medicare are under age 65, qualifying because of permanent disabilities. It's a mixed story. People who are under 65 are generally happy to have health insurance under Medicare. Many waited 24 months for Medicare after they started to receive Social Security payments. That's a long wait. Medicare is good, as far as it goes, but many people with disabilities need services that are beyond the scope of Medicare. That creates some access problems. I'm talking about services that are often covered by Medicaid and other programs that are not within Medicare's purview, and the lack of coverage for these services can present real issues for people with physical and/or mental disabilities. Many people with disabilities on Medicare also have Medicaid. Roughly four in 10 are dually-eligible for Medicare and Medicaid, which provides supplemental home and community based services that vary by state, but for the others, the gaps in Medicare can pose serious access and cost concerns, according to our survey. Remember this is a population with modest incomes, with limited ability to purchase equipment or devices or services that make lives more management and support their ability to live independently. And there's the Medigap issue. People with disabilities do not have the same guaranteed issue rights as elderly people on Medicare. In contrast to people coming on to Medicare for the first time after they turn 65, beneficiaries with disabilities may not be able to purchase a Medigap policy depending on where they live, because federal law does not require Medigap insurers to provide the same open enrollment period to younger beneficiaries with disabilities. So they're much more likely than older adults to be on Medicare without supplemental coverage at all, and at risk for incurring higher costs or going without needed care because of costs.

**Howard:** To circle back to a point that Tricia made — given the fact that people under 65 on Medicare are more likely to have lower incomes, as well as for other reasons, the low income protections in Medicare need to be strengthened. If you compare cost-sharing protections, for example, for the states that have taken up the Medicaid option, the eligibility is 138 percent of poverty. Once you're on Medicare, it's only 100 percent of poverty. In those Medicaid states, there is no asset test for those under 65; but under Medicare, there's a very stringent asset test for cost-sharing protections. So, we are advocating to try to have an equal level of protection regardless of age. There's interest on the Hill in doing something about that, although it's somewhat expensive. But, if we could make some strides in that direction, I think it would be tremendously helpful.

To be continued in the next month’s issue.
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*Mentor Match* is supported by *The Mentoring Effect*, a special project of the GSA Innovation Fund.
Continued from page 1 – With Family Caregiver Shortage, GSA Joins Call for New Supports

The report emphasizes that family caregivers are key sources of information and care delivery, and that their participation within the care team is essential; yet, they are often marginalized or excluded in care delivery and support systems.

GSA Executive Director and CEO James Appleby, BSPharm, MPH, said the Society is well-poised to take action on the proposals outlined in the report and pledged to work in the coming months alongside the Academies, The John A. Hartford Foundation, and other key stakeholders to amplify and operationalize these recommendations.

“We now have a sound blueprint for research, policy, and practice change for years to come,” Appleby said. “The report not only calls for immediate steps to address the health, economic, and social needs of caregivers, but also envisions an important public-private, multi-stakeholder innovation fund to advance the necessary research, demonstration, and practice evaluations needed to move the field forward. GSA members are doing much of this work already and we look forward to playing a role in advancing these efforts.”

“Families Caring for an Aging America” is the result of 20 months of research overseen by a committee of 19 caregiving experts, more than half of whom are GSA members. The committee was chaired by GSA Fellow Richard Schulz, PhD.

The report recommends that the secretary of health and human services, in collaboration with the secretaries of labor and veterans affairs and others, create and implement a National Family Caregiver Strategy. This would include mechanisms that ensure family caregivers are identified in care delivery to older adults; payment reform to motivate providers to engage family caregivers effectively; training health care providers to engage family caregivers; dissemination and funding for evidence-based caregiver services; evaluation and adoption of federal policies that provide economic support to working caregivers; and an expanded national data collection infrastructure to create a knowledge base about caregivers.

Another critical component addresses the link between the needs of patients and their caregivers and the health care professionals who make up the interdisciplinary teams that provide care. The report calls for improving the competencies in geriatrics and points to the Geriatric Workforce Enhancement Program as a positive but underfunded federal program that attempts to address the gap between the growing aging population and those who know how to provide their needed care.

“Families Caring for an Aging America” is available at nationalacademies.org/caregiving.
GSA 2016:
ESPO Activities and Pre-Planning Tips

By Kelly M. Smith, BA

GSA’s 2016 Annual Scientific Meeting, under the theme “New Lens on Aging: Changing Attitudes, Expanding Possibilities,” will be held from November 16 to 20 in New Orleans, Louisiana. Please see below for a list of highlighted activities that may be of interest to ESPO members. For more information, please visit www.geron.org/espo2016.

ESPO Events

Pre-Conference Workshop: Tools for Building a Solid Career in Gerontology
Wednesday, November 16, 12:30 PM - 4:30 PM
Students and junior scholars are encouraged to attend the first annual pre-conference workshop hosted by ESPO. This exciting event will entail a half day workshop including a keynote speaker, three interactive sessions and a roundtable session. This workshop will cater to attendees interested in both academic and non-academic careers and will cover topics including scholarship, networking, leadership, and work-life balance. This is a great way to meet renowned gerontology scholars and network before the hectic annual meeting begins. The first 20 registrants will receive a 50% discount off of their registration. Email meetings@geron.org for more information.

Networking Events

ESPO Lounge
Thursday, November 17, 7 a.m. to 7 p.m.
Friday, November 18, 7 a.m. to 5 p.m.
Saturday, November 19, 7 a.m. to 5 p.m.
The ESPO Lounge is a great place for members to take a break from the hectic pace of the meeting, network with fellow ESPO members, check e-mails, meet with colleagues or simply relax. Computers are provided in the lounge for member use and refreshments will be available. New this year: stay tuned for more details on informal morning and midday chats on navigating your first Annual Scientific Meeting, successful networking, tips on the fellowship and job search, and building a research career.

ESPO Wine and Cheese Networking Reception
Thursday, November 17, 7 to 8:30 p.m.
ESPO members are invited to meet with ESPO Presidential Symposium panelists, ESPO leaders, ESPO members, and GSA fellows in a relaxed setting. Please note this event will immediately follow the ESPO Presidential Symposium and while attendance at both events is not required, it is encouraged.

ESPO Breakfast and Community Meeting
Friday, November 18, 7:30 to 9:30 a.m.
ESPO members are encouraged to attend this event in order to meet current and incoming ESPO leadership, network with colleagues, and to learn how you can become involved in ESPO. ESPO involvement delivers many benefits to students and junior scholars. Come and hear for yourself! ESPO award winners will also be recognized at the breakfast.

“How to Publish: Editor’s Confidential”
Friday, November 18, 8 to 9:30 a.m.
This event will focus on how to publish your work in peer-reviewed journals including an introduction to GSA’s newest journal, an introduction to open access journals, and a discussion related to the distinct mission of each of GSA’s journals.

ESPO International Task Force Networking Event
Saturday, November 19, 9:30 to 11 a.m.
ESPO members interested in research on an international level, as well as international junior scholars, are encouraged to attend. Come and meet colleagues with similar interests and hear about global aging issues that fellow GSA members are working on.

ESPO Sponsored Sessions

ESPO Biological Sciences Section Session: “From Bench to Bedside and Back Again”
Thursday, November 17, 8:30 to 10 a.m.

ESPO International Task Force Session: “Intergenerational Relationships, Cross-Cultural Perspectives”
Thursday, November 17, 1:30 to 3 p.m.

ESPO Presidential Symposium: “A New Lens on the Dissertation – From Surviving to Thriving”
Thursday, November 17, 5:30 to 7 p.m.

ESPO Behavioral and Social Sciences Section Symposium: “HIV & Aging Among the Most Marginalized Populations”
Friday, November 18, 2016, 4:30 to 6 p.m.

ESPO Social Research, Policy and Practice Section Symposium: “New Dimensions in Improving Care Quality in Long-Term Care”
Saturday, November 19, 1:30 to 3 p.m.
Continuing fellowship grants also are being provided to allow nine previous fellows to participate in the meeting. A continuously updated list of stories generated by the program’s more than 100 alumni is available at www.geron.org/journalistfellows.

The program is co-directed by Todd Kluss, MA, GSA’s senior manager of communications, and Paul Kleyman, senior editor of NAM’s ethnic elders newsbeat. Kleyman also is the founder and national coordinator of the Journalists Network on Generations, which includes more than 1,000 writers on aging.

The new fellows:

**Francisco Castro** *(La Opinión)*  
Project: Varied series on the daily struggles of food and rent for older Latinos, elder abuse among Latinos in home care facilities, and “old love.”

**Lois M. Collins** *(Deseret News, Salt Lake City)*  
Project: Redefining “community” in old age.

**Alice Daniel** *(KQED Public Radio’s “California Report,” San Francisco)*  
Project: Mental illness in older Hmong and Lao refugees.

**Merdis “Penny” Dickerson** *(Florida Courier/Daytona Times)*  
Project: Hunger among older African Americans.

**Neil Gonzales** *(Philippine News)*  
Project: Barriers to and opportunities for healthy aging, particularly within the Filipino and Asian American community.

**Leoneda Inge** *(North Carolina Public Radio - WUNC)*  
Project: The “reverse migration” of black retirees to North Carolina.

**Erica Manfred** *(SeniorPlanet.com)*  
Project: Accessible hearing-loss technology.

**Deborah Martinez** *(KSFR-FM, Santa Fe, New Mexico)*  
Project: Varied series on navigating Social Security and Medicare, the challenges and opportunities facing New Mexico’s retirees, and recent lawsuits brought against two Santa Fe elder care facilities.

**Sister Charlene Muhammad** *(Los Angeles Sentinel/L.A. Watts Times Weekender)*  
Project: Intersection of homelessness, dementia, and substance abuse.

**Beth Pinsker** *(Thomson Reuters)*  
Project: Generation X’s retirement gap.

**Katy Read** *(Star Tribune, Minneapolis)*  
Project: Individual and community initiatives to address the dangers of isolation and loneliness.

**Randy Rieland** *(Smithsonian.com)*  
Project: Use of artificial intelligence to combat social isolation.

**Afi-Odelia E. Scruggs** *(Alldigitocracy.org)*  
Project: Ageism in the media and its coverage of older adults from minority communities.

**Michael O. Schroeder** *(U.S. News & World Report)*  
Project: Financial exploitation of older adults.

**Chandra Thomas Whitfield** *(NBCBLK/NBCNews.com)*  
Project: Challenges faced by LGBT older adults of color.

**Ke “April” Xu** *(Sing Tao Daily)*  
Project: Scams haunting Chinese older adults in the U.S.
ANNOUNCING OPENING KEYNOTE SPEAKER

THE HONORABLE JOSEFINA CARBONELL

Carbonell was the third Assistant Secretary for Aging at AoA. She was appointed by President Bush in 2001 and served in the position until 2009. Before her time in public service, Carbonell was President and CEO of the Little Havana Activities and Nutrition Centers in Florida. Carbonell is currently the Senior Vice President of Long-term Care & Nutrition at Independent Living Systems and serves on the Board of Directors of the National Council on Aging.

Educating a New Generation of Professionals in Aging Worldwide  |  Miami, Florida  |  March 9-12, 2017

For more information, visit www.aghe.org.
CMS Publishes New Prescription Drug Cost Data
Continuing the commitment to greater data transparency, the U.S. Centers for Medicare & Medicaid Services (CMS) has released privacy-protected data on the prescription drugs that were paid for under the Medicare Part D Prescription Drug Program in 2014. This is the second release of the data on an annual basis, which shows which prescription drugs were prescribed to Medicare Part D enrollees by physicians and other healthcare professionals. The 2014 data set contains information from over one million distinct health care providers who collectively prescribed approximately $121 billion in prescription drugs paid for under the Medicare Part D program. This represents a 17 percent increase compared to the 2013 data set. A March 2016 Department of Health and Human Services report provided a detailed analysis of prescription drug spending trends, and noted that overall prescription drug spending in the U.S. rose by 12.6 percent between 2013 and 2014. The 2014 data set describes the specific medications prescribed for 38 million Medicare Part D enrollees, who represent about 70 percent of all Medicare beneficiaries. With two years of data, it will now be possible to conduct analyses of trends from 2013 to 2014 as well as to conduct a wide array of analyses that compare prescribing habits for specific providers, brand versus generic drug prescribing rates, and state- and local-level differences in drug utilization and costs. The 2014 data set includes new aggregated information on opioids, antibiotics, antipsychotics, and high-risk medications among the elderly. In addition, a prescriber enrollment status field has been added to indicate whether the prescriber is enrolled, not enrolled, or opted out of the Medicare program. The availability of the 2014 Medicare Part D prescription drug cost data adds to the unprecedented information previously released on services and procedures provided to Medicare beneficiaries. This public data release is part of the administration’s broader strategy to improve the health care system by paying practitioners for what works, unlocking health care data, and finding new ways to coordinate and integrate care to improve quality. To view a fact sheet on the 2014 Medicare Part D prescriber data, visit go.cms.gov/2bnl53mg. To access the 2014 Medicare Part D prescriber data, visit go.cms.gov/2hHACC.

AARP Report Finds High Caregiver Interest Technology, but Low Usage
A new AARP report, “Caregivers and Technology: What they Want and Need,” documents technology interest and usage among America’s 40 million unpaid family caregivers. The research found that caregivers have a high interest in using technology to care for their loved ones. Seventy-one percent of survey participants expressed interest in using technology to support caregiving activities, while less than ten percent have currently or previously used a caregiving technology. This research was conducted by HITLAB in partnership with Project Catalyst, a program that aims to fill a gap in the market by encouraging tech developers to put 50+ consumers at the center of innovation. Founding members of Project Catalyst include AARP, Pfizer, UnitedHealthcare, Medstar Health, and the Robert Wood Johnson Foundation. Key findings were that trust is one of the key barriers to hiring home aides via online sources and that solutions are needed that can help caregivers coordinate tasks and disseminate information amongst the circle of care. Overall, the study identifies strong opportunities for technology innovators to create solutions to help alleviate the stress and workload of unpaid family caregivers. This research reinforces findings in AARP’s January “Caregiving Innovation Frontiers” study, which highlighted how 117 million Americans are expected to need assistance of some kind by 2020, yet the overall number of caregivers is only expected to reach 45 million. The “Caregivers and Technology: What they Want and Need” report is available for download at the Project Catalyst at www.aarp.org/projectcatalyst. For more information about AARP’s technology innovation initiatives, visit: www.aarp.org/technology/innovations/innovation-50-plus.

Feds Release 2016 Key Indicators Report
“Older Americans 2016: Key Indicators of Well-Being,” the seventh in a series of reports prepared by the Federal Interagency Forum on Aging-Related Statistics, takes a close look at older adults in the U.S. as they live longer and face new economic, health care, and residential living challenges. Sixteen Federal agencies collaborate to monitor and report national-level statistics on the well-being of older Americans, making it easy for the public to understand key trends that affect the health and well-being of older Americans. The 179-page report presents 41 indicators of well-being into six broad groups – population, economics, health status, health risks and behavior, health care, and environment. This year’s report also includes new indicators on social security beneficiaries, dementia, long-term care providers, and transportation. There is also a special feature on informal caregiving. “Older Americans 2016: Key Indicators of Well-Being” and supporting data tables are available online at www.agingstats.gov and in limited quantities in print.

New Technology Can Improve Lives for an Aging Society, Report Says
A new report, “Outthink Aging,” from IBM and the Consumer Technology Association Foundation, reveals that meeting the needs of a growing aging population will require new technologies, partnerships, ideas, and business models. It also discusses how technology such as cognitive computing will empower seniors to live longer, healthier, and more independent lives by preventing fraud and abuse, providing greater social connectivity and improving access to vital information and services. The report outlines the challenges of meeting the needs of the aging demographic and gives recommendations for three core areas where the intersection of mobile devices, cognitive computing, and providers could have the greatest impact on the essential concerns of older adults, including health, connection, security, dignity, and independence. “Outthink Aging” also describes the potential relationships and innovative business models needed to create a new ecosystem that can effectively deliver scalable, integrated technology-based solutions to address these larger and more complex issues. The full report can be viewed at ibm.co/2cEJDIU.
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Australia Urged to Establish Age Pension Tribunal

A new report has found that the current level of the age pension in Australia falls short of allowing an acceptable standard of living, with many pensioners suffering “substantial deprivation.” Released by Per Capita’s Centre for Applied Policy on Positive Ageing, The Benevolent Society, and The Longevity Innovation Hub, “The Adequacy of the Age Pension in Australia: An Assessment of Pensioner Living Standards,” makes clear that age pensioners, especially older women who rent privately and live solely on the age pension, are at great risk of living in poverty. One and half million older Australians live solely on the country’s age pension and almost a third of them are living in poverty. The key recommendation of the report is the establishment of an independent Age Pension Tribunal to oversee and determine a just base rate for the pension that enables disadvantaged older Australians to live at a standard consistent with the reasonable expectation of all Australians. To view the report, as well as fact sheets, videos, and other materials, visit bit.ly/2cp0Wyl.

Older New Zealanders’ Unmet Needs Result in Lower Quality of Life

Older New Zealanders with unmet needs have a lower quality of life, according to new research from the University of Auckland. The study, which examined socioeconomic and cultural profiles and correlates of quality of life in non-Māori New Zealanders of advanced age, found that despite these challenges, a higher proportion of women reported they can count on someone to help with daily tasks, (83 percent vs 77 percent in men). But those women also had higher unmet needs for practical support (14 percent vs eight percent in men). The research is based on the Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ), led by Professor Ngaire Kerse from the University of Auckland. It analyzed data from 516 non-Māori aged 85 years, living in the Bay of Plenty and Rotorua areas. Socioeconomic and cultural characteristics were established in face-to-face interviews in 2010 and health-related quality of life was assessed by researchers.
ACL Grants Will Strengthen Native American Caregiver Support Program

The U.S. Administration for Community Living (ACL)/Administration on Aging (AoA) is responsible for administering Title VI of the OAA. Through this title, grants are awarded to Indian tribal, public, or non-profit organizations representing federally recognized tribes, Alaskan villages, and native Hawaiians. The goal of these programs is to support the independence and well-being of tribal elders living in their communities with services which are evidence-based and consistent with locally-determined needs. The ACL/AoA will accept applications for funding for a three-year project period, April 1, 2017, to March 31, 2020. Funding is based on the number of eligible elders age 60 and older living in the proposed service area on April 1, 2017. Successful new applicants will be funded pending availability of funds and/or at the discretion of the administrator of the ACL. Eligible applicants include current Title VI Part A and Part B grantees, current grantees who wish to leave a consortium that was a grantee in 1991, and eligible federally recognized Indian tribal organizations that are not now participating in Title VI and would like to apply as a new grantee. Those tribes who were a part of a consortium receiving a Title VI grant in 1991 and applying individually will be considered a current grantee. Under the Native American Caregiver Support Program, a tribal organization must meet the requirements as contained in section 631 of the OAA. The deadline for application submissions is December 5 at 11:59 p.m. EST. Additional information may be obtained at bit.ly/2biPvVH.

AFAR Offers Research Grants to Junior Faculty

The American Federation for Aging Research (AFAR) provides up to $100,000 for a one- to two-year award to junior faculty (MDs and PhDs) to conduct research that will serve as the basis for longer term research efforts. AFAR-supported investigators study a broad range of biomedical and clinical topics. It is anticipated that approximately 10 grants of up to $100,000 each will be awarded in 2017. The deadline for letters of intent is December 15. The major goal of this program is to assist in the development of the careers of junior investigators committed to pursuing careers in the field of aging research. AFAR supports research projects concerned with understanding the basic mechanisms of aging. Projects investigating age-related diseases are also supported, especially if approached from the point of view of how basic aging processes may lead to these outcomes. Projects concerning mechanisms underlying common geriatric functional disorders are also encouraged, as long as these include connections to fundamental problems in the biology of aging. Projects that deal strictly with clinical problems such as the diagnosis and treatment of disease, health
MSTAR Program Welcomes Applications
Administered by The American Federation for Aging Research and the National Institute on Aging, the Medical Student Training in Aging Research (MSTAR) Program encourages medical students — particularly budding researchers — to consider a career in academic geriatrics by awarding short-term scholarships. The 2017 MSTAR Program provides medical students with an enriching experience in aging-related research and geriatrics, with the mentorship of top experts in the field. This program introduces students to research and academic experiences early in their training that they might not otherwise have during medical school. Positive experiences in the MSTAR program have led many physicians-in-training to pursue academic careers in aging, ranging from basic science to clinical research to health services research. They have joined the growing cadre of physicians and scientists whose specialized knowledge and skills are in great demand as our population ages. Students participate in an eight-to 12 week (or two to three months, depending on the training site) structured research, clinical, and didactic program in geriatrics, appropriate to their level of training and interests. Research projects are offered in basic, translational, clinical, or health services research relevant to older people. Most scholars will do their training and research during the summer months. MSTAR celebrates its 23rd year in 2017. The deadline for applications is January 27, 2017. All details can be found at www.afar.org/research/funding/mstar.

RRF Announces Next Grants Deadline
The Retirement Research Foundation’s (RRF) next proposal application deadline is February 1, 2017. The RRF is based in Chicago and is one of the nation's first private foundations devoted exclusively to aging and retirement issues. Throughout its history, RRF has awarded more than $200 million for innovative projects that benefit older Americans. Through its responsive grants program, RRF supports advocacy; education and training programs for professionals working with elders; and research to seek causes and solutions to significant problems of older adults. Advocacy, training, and research projects, all with national relevance, are considered from organizations located anywhere in the U.S. RRF offers an opportunity for applicants to submit a brief (one-to-two pages) letter of inquiry (LOI) as part of its grantmaking process. Information about the optional LOI process can be found on RRF’s website. LOIs should be submitted by December 1. Find further information at www.rrf.org/grants.

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For information and application forms, visit: http://centerforaging.duke.edu/busse-research-awards

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