Speaking before the U.S. Senate Special Committee on Aging on September 20, former SRPP Section Chair Kathryn Hyer, PhD, MPP, FGSA, urged lawmakers to support actions that enable nursing homes and assisted living communities to better serve their residents in times of disaster — and noted that evacuation is not always the best option.

Hyer serves as director of the Florida Policy Exchange Center on Aging at the University of South Florida and is the principle investigator of the USF Health Geriatric Workforce Enhancement Program. She joined three other experts who testified at the September hearing, which was titled “Disaster Preparedness and Response: The Special Needs of Older Americans.”

“While everyone suffers in disasters, our data indicate that exposure to natural disasters such as Hurricanes Harvey or Irma clearly results in excess death and hospitalizations among frail populations,” Hyer said. “Evacuations should not be all or nothing. We need a much more nuanced and better-researched understanding of who should evacuate before [a disaster], and how people can be sustained appropriately.”

She reported to the committee that among 36,389 nursing home residents exposed to Hurricanes Katrina, Rita, Gustav, and Ike, their 30- and 90-day mortality/hospitalization rates increased considerably compared to non-hurricane control years regardless of whether they evacuated or sheltered in place. The very act of evacuation prior to the storm increased the probability of death at 90 days by 2.7 to 5.3 percent and increased the risk of hospitalization by 1.8 to 8.3 percent, independent of all other factors.

For the past 13 years, Hyer has studied the effect of disasters on the frail older adults living in nursing homes and assisted living communities. Her testimony was jointly prepared with David October 2017

Are You A GSA Fellow? Let People Know!
GSA is encouraging its fellows to use the “FGSA” designation — which stands for Fellow of The Gerontological Society of America — when listing their academic credentials after their name. Gerontology News is now following this practice. Don’t forget to update your online membership profile, too. Not a fellow? Learn more about the process at www.geron.org/fellows.

Members Provide Senate Testimony on Disaster Planning

GSA, AARP Focus on Effects of Negative Attitudes on Aging

The ways in which negative attitudes about aging can affect people’s health and quality of life are the focus of 12 peer-reviewed research papers in a new AARP-sponsored supplement issue of GSA’s journal The Gerontologist.

“Attitudes and stereotypes about aging haven’t changed or have gotten worse. And many ideas about aging and solutions available to us as we age, as portrayed in the media or even in conversations among families and friends, are negative and out of date,” said GSA member and AARP Director of Thought Leadership-Health Erwin Tan, MD.

While the papers examine a diverse range of aging-related subjects and research considerations, a common theme is the prevalence of negative associations about aging and their impact, ranging from memory performance to use of health care. The research explores cultural, geographic, community, and family influences that may play a role in shaping an individual’s attitude on aging.

“Wherever these negative perceptions come from, the damage can be profound — for individuals, communities, and larger populations,” said AARP CEO Jo Ann Jenkins,
Experience the Rewards of Generativity
By James Appleby, BSPharm, MPH • jappleby@geron.org

The GSA team has been discussing the concept of generativity as a foundational theme in planning the celebration of the Society’s upcoming 75th diamond jubilee anniversary in 2020. Based upon the work of multiple scholars, Merriam-Webster defines generativity as “a concern for people besides self and family that usually develops during middle age; especially a need to nurture and guide younger people and contribute to the next generation.”

With GSA members comprising scholars studying all facets of aging across the life course, it seems the concept of generativity should resonate with most. For individuals, scholars have suggested that generativity develops from multiple factors including a desire to produce something that outlives the self or to create a legacy, and motives to give back and make a difference. As planning for the diamond jubilee proceeds, we will be working to identify meaningful opportunities for members to be generative and strengthen the Society for the next 75 years.

During the World Congress of Gerontology and Geriatrics that GSA hosted in July, I had the opportunity to experience the rewards of generativity when I met the first recipient of my family’s recently established travel scholarship to honor our mother. (See my May 2017 column.)

This award enables a student interested in gerontology and/or geriatrics to attend the GSA Annual Scientific Meeting. As GSA elected to forgo its own meeting this year, the inaugural recipient of this $2,000 annual award had the honor of participating in the World Congress. The photo on this page shows emerging scholar Lalitha Sukumar alongside former GSA President Terrie Fox Welle, PhD, FGSA, and me. Lalitha is a doctor of pharmacy candidate in the class of 2019 at the Philadelphia College of Pharmacy, my alma mater. Fox, now dean of the School of Public Health at Brown University, established a similar travel award for a student at her alma mater, Portland State University.

Challenge

As you think about everything you want to get done before the end of 2017, I challenge you to add this to your list: “Establish a student travel grant award at my alma mater to enable the next generation of researchers, clinicians, and educators to experience the professional rewards of attending the GSA Annual Scientific Meeting.” It provides an annual tax-deductible mechanism for being generative that supports your alma mater, advances the field and provides that wonderful feeling of “giving back.”

A 2015 article published in The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences provides some related insight into that feeling of “giving back.” GSA member Tara L. Gruenewald, PhD, MPH, FGSA, and colleagues reported on findings from the Baltimore Experience Corps Trial to see if participating benefits older adults’ self-perceptions of generativity. Quoting from the paper, “Results provide the first-ever, large-scale experimental demonstration that participation in an intergenerational civic engagement program can positively alter self-perceptions of generativity in older adulthood.” And from the conclusion: “Thus, these results suggest that in helping others, older adults may be helping themselves, as well.”

While it’s not an exactly analogous situation, it suggest to me that the rewards of generativity are backed up by good science.

I hope you’ll take up this challenge. Every generation benefits from a helping hand.
In Memoriam

Sarah Hall Guelinder, PhD, FGSA, passed away at age 75 in South Carolina. Guelinder graduated from the University of Tennessee College of Nursing, and went on to a career as a nursing scholar. She obtained her master’s degree in nursing from Emory University, and later completed her PhD in nursing at the University of Alabama at Birmingham, focusing much of her work on the gerontological issues of aging and well-being. Her career culminated with academic appointments as dean of the Decker School of Nursing at the State University of New York at Binghamton and, prior to that, as director of the School of Nursing at Pennsylvania State University. She was later named the Arline H. and Curtis F. Garvin professor of nursing at Case Western Reserve School of Nursing. During her tenure at Case Western, she traveled twice to Africa as a visiting professor, first to The University of Botswana and later to The University of Buea at Cameroon.

New Books by Members

- “Integration of Health and Long Term Care: To Build a Holistic Person-Centered Care System,” by Ye-Fan Galvin, PhD, and Wen-Ta Chiu, MD. Published by WuNan, 2017.
- “Couple Relationships in the Middle and Later Years: Their Nature, Complexity, and Role in Health and Illness,” Edited by Jamila Bookwala, PhD. Published by the American Psychological Association, 2016.

Members in the News

- On August 25, Eric Jutkowitz, PhD, was interviewed by Reuters in an article titled “Dementia Dramatically Increases Family Expenses.” He discussed his research using U.S. Centers for Medicare and Medicaid Services data to estimate the lifetime costs of care after a dementia diagnosis.
- Marilyn Rantz, PhD, RN, FAAN, FGSA, was interviewed by St. Louis Public Radio on August 15 for a piece titled “MU Study Finds Hospital Admissions through an initiative she led with a population of Missouri-based nursing home residents. This month’s $25 amazon.com gift certificate winner: Teri Kennedy, LCSW, MSW, PhD, FGSA

This recipient, who became eligible after referring new member Rebecca Mabe, 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: Elizabeth Beattie, PhD, RN, FGSA

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

Cherry Receives Champion Award

The Los Angeles Aging Advocacy Coalition has honored Debra Cherry, PhD, with its 2017 Champion Award. This distinction is granted to an individual “for superbly advocating on behalf of seniors and their caregivers.” More than 500 advocates, service providers, legislators, and academics attended the presentation in June at the Coalition’s summit.

Park, Deeg, Keating Honored with the IAGG Presidential Award

This July at the 21st World Congress of Gerontology and Geriatrics in San Francisco, three GSA members received the International Association of Gerontology and Geriatrics (IAGG) Presidential Award from Heung Bong Cha, DrPH, the association’s immediate past president. This award marks the tradition of acknowledging individuals who have contributed to the enhancement of IAGG in specific tasks and, more generally, in the promotion of gerontology and geriatrics around the world. GSA member recipients included San Chul Park, MD, PhD from DGIST; Dorly Deeg, PhD, FGSA, from Vrije University Medical Center; and Norah Keating, PhD, FGSA, from the University of Alberta.

Maslow, Gitlin to Lead Summit on Dementia Care

Katie Maslow, MSW, FGSA, and Laura Gitlin, PhD, FGSA, will co-chair the upcoming National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers, which will take place October 16 and 17 at the National Institutes of Health. The goal of this research summit is to identify what is known and what is needed in order to accelerate the development, evaluation, translation, implementation, and scaling up of comprehensive care, services, and supports for persons with dementia, families, and other caregivers. The summit is focused on research that is needed to improve quality of care and outcomes across care settings, including quality of life and the lived experience of persons with dementia and their caregivers.

GSA Connect Corner

- Patricia D’Antonio: “The NIH news page recently featured an NIA co-funded study investigating the mechanisms that control aging in the brain. In this study, the researchers discovered stem cells in the brain that influence aging and may be helpful in developing new strategies in preventing age-related diseases.”
- Allison Gibson, MSW, PhD: “I’m also attaching a set of case studies (the second one specific to older adults) which may be of use for discussing the disaster in your classrooms or with your colleagues. This was shared by a colleague on the social work BPD listserv.”
Before I share the conclusion of my interview, I’d like to mention two important recent congressional hearings. As you saw from the lead story on the cover of this month’s issue, once again a GSA member was invited to Capitol Hill to provide expertise and insights on a cutting-edge aging issue. Former SRPP Section Chair Kathy Hyer, PhD, MPP, FGSA, testified brilliantly before the Senate Special Committee on Aging regarding disaster preparedness at nursing homes and assisted living communities.

On the other side of the Capitol, another Geriatrics Workforce Enhancement Program (GWEP) director, recent IAGG World Congress presenter, and member of the National Association for Geriatric Education, Janice A. Knebl, DO, testified on behalf of her program at the University of North Texas Health Science Center on September 16 before the House Energy and Commerce Subcommittee on Health. Suffice it to say, it was another good month for GSA and geriatric education advocacy, and it looks like the GWEP reauthorization bill will move forward in the House soon.

Let’s return to my interview with Robyn I. Stone, DrPH, FGSA, who serves as the senior vice president of research at LeadingAge in Washington, DC, and the co-director of their LTSS Center @UMass Boston Stone of LeadingAge. She also recently delivered GSA’s Maxwell A. Pollack Award for Productive Aging lecture at the World Congress in July. When we left off last month, we were talking about more effective ways to communicate with policymakers.

Brian: Please say a bit more about research vs policy jargon.

Robyn: The research community does not tend to speak in the same language that policy people or practitioners do, and if you are really interested in doing work that will have an effect on either of those sectors, you need to understand the language and be able to do that translation. And that’s not something that researchers are typically trained in. During the Better Jobs Better Care demonstration, we used a consulting firm that works on messaging for the eight research teams that were funded as part of our demonstration. They all got training on how to turn their findings into messages that could be used with policy people and practitioners. That language piece is critical. Timing is critical too. Policy and practice people can’t wait for studies that may be taking multiple years, so sharing interim findings is one solution. The problem with that, of course, is if your goal is to publish in peer-reviewed journals. You will typically not be allowed to share anything until you’re done and the manuscript is published. I don’t have to worry about that at this point because in my environment I’m not judged primarily by having peer reviewed publications. But it’s really a challenge for many.

Brian: Your role at LeadingAge seems unique to me. You work in a nonprofit world but there are the association’s membership demands and policy considerations. How do they fit in with your “facts matter” approach?

Robyn: I think that the leadership at LeadingAge was very prescient in offering me the opportunity to put our group together 18 years ago. There was a recognition and support for an applied research group that really viewed the membership as natural laboratories for learning more about what works and what doesn’t work for the continuum of care and services. And the organization has invested quite a bit in our infrastructure. We do have projects that are supported by soft money — federal or other governmental or private sector or philanthropic dollars. But LeadingAge also provides significant support for our infrastructure and that is something that I think has been incredibly helpful. The value of our group is that we are not part of LeadingAge’s advocacy shop; we are a separate shop and we are able to independently make decisions about the kinds of questions that we want to research. On the other hand, what we learn, both the good and the bad, have value and everybody has been open to understanding what doesn’t work as well as what does work. That’s really important to the organization.

Another benefit our home base offers is the opportunity for disseminating study findings to policymakers, in some cases through our own advocacy and lobbying team and through our 39 state affiliates. LeadingAge has a robust website and social media presence. We have connections with the trade press as well as some more academic vehicles. There are very few organizations that have our type of structure imbedded. I think that’s valuable and I congratulate LeadingAge’s leadership for recognizing the importance of this activity.

Brian: I tell advocates that for members of Congress it often begins with a local story. In your lecture, you said “stories are great but evidence is essential,” so could you just say a bit more about that for our readers?

Robyn: You know, we tend to use stories and facts, and facts can be stories as well. I’m a very strong believer in qualitative research as a science with rigorous methodology behind it. The way that we often think about it is that we try to triangulate with multiple methods of getting information out so that the stories are very key and they’re very important for raising awareness. The quantitative work and even more rigorous qualitative work begins to back up your story. And sometimes your story falls apart, because the evidence is not very strong and I think this is important too. I mean, I think we need to
be able to show that in a world of constrained resources where we
can’t spend money on everything we must make choices and priorities.
And one of the things that rigorous scientific evidence can do is to
support that story and also debunk myths that sometimes come out of
the story. I think that they’re all really important. I would never take
away the value of storytelling, it’s essential, but I also believe that at
the end of the day, an evidence-based approach is crucial.

Brian: Under the cash and counseling demo and evaluation you
talk about public-private partnerships.

Robyn: I certainly think that there is significant value in the
governmental sector and the private sector working together. We
wouldn’t have been able to do the demonstration and evaluation
without that partnership. We need to look more and more to
partnerships because I think leveraging resources is key, whether it’s
a foundation or a private sector entity, it is always about how to
leverage dollars. Researchers need to be thinking about multiple
funders because the governmental sources are more and more
constrained and I think the philanthropical sources are also
probably going to be even more stretched because of shrinking
governmental investment.

Brian: You talk about the importance of rigorous evaluation. Do
you think that a lack of rigorous evaluation has actually been a
deterrent for program expansion of some aging programs?

Robyn: That’s a really good question. Some of us have lamented the
loss of the Title IV program under the Older Americans Act,
because that provided needed demonstration and research dollars for
years and got so many of the early programs started. In the old days,
there was a much stronger focus with the Older Americans Act on
evidence and new model creation. While policy people can’t wait for
years to see outcomes, the aging network now is being put through a
lot more scrutiny in terms of how it is producing outcomes and
return on investment, particularly related to opportunities for aging
services providers to be integrated with health care systems. If we
had invested over the years in rigorous assessment, I think we would
be further along, I think that it’s always a question of resources
because you can’t do good research cheaply.

Brian: Another challenge for our colleagues out there in all these
great institutions doing meaningful research and teaching, is how to
keep track of national policy — what you and I know is going on
here on a daily basis?

Robyn: I agree. I think that is really difficult. However, if you want
to conduct applied work, it’s your responsibility to keep abreast of
the policy landscape. Perhaps there needs to be more training for
researchers in understanding the intricacies of policy, including the
development of more applied research programs in universities that
link with the real world. There are people who do it and do it really
well. Unfortunately, I do not believe we have enough opportunities
for young people who choose this path.

Brian: Old wine in new bottles...

Robyn: One of the things I tell young people is that as they explore
innovative ideas, there’s a lot to be learned by looking at history:
reading studies from the 1960s and 70s, looking at what we already
know, and what we can build on with a twist or new iteration. It is
important to recognize the work that went before.

Brian: I liked the final slide of your presentation, Robyn, “Lessons
Learned from My Years as a Bridge.” Shall we conclude with that?

Robyn: Of course. First, it is not easy. It is very difficult! But it is
worth the struggle to get to the point where your work is being
applied and lives are being affected. Second, the language, goals,
and timeframes of the various stakeholders are often very different,
need to be acknowledged and addressed. Third, a multi-faceted,
quantitative and qualitative research approach is key, in concert
with the stories that they validate. Fourth, collaborations from the
start are optimal, including a clear plan for evaluation. Fifth,
recognition that we are often exploring old wine in new bottles is
essential. Sixth, I have found that learning from mistakes is as
important as learning from successes — the null hypothesis is a
finding! And last, we must have the long-term view.

Brian: Thanks so much for your time, Robyn and congratulations
again on the 2016 Pollack Award.

Robyn: Thank you for sharing this wonderful honor I received at
IAGG with the rest of GSA.

Recent GSA Policy Actions

GSA Senior Director of Professional Affairs Trish D’Antonio
represented the Society in a meeting of the Friends of the
National Institute on Aging and met with representatives from
the Office of Management and Budget to begin discussions
around the FY 2019 budget. The participants showcased
elements of the many successes of NIA-funded research.

GSA signed on to letters to the Senate and House leaders from
the Leadership Council of Aging Organizations to outline
priorities regarding health extender issues which Congress is
considering this fall. The priorities are designed to protect
Medicare beneficiaries against increases in out-of-pocket costs
and to enact permanent solutions for health care extenders
policies that are vital to the health and financial well-being of
older Americans and people with disabilities who rely upon
Medicare and Medicaid.

GSA signed on to a public comment letter from the Leaders
Engaged in Alzheimer’s Disease coalition submitted to the U.S.
Centers for Medicare and Medicaid Services in support of its
proposed 2018 Medicare physician fee schedule telehealth services
that would assist people living with dementia and their caregivers.
NIA Interested in Funding Research on Cardiac Rehabilitation
The National Institute on Aging (NIA) is welcoming grant applications for novel strategies to enhance referral, participation, and adherence in cardiac rehabilitation (CR) of older and vulnerable patients who are eligible for CR under current Medicare eligibility criteria. Specifically, the NIA seeks clinical trials that address one or more specific age-related factors including patient-related issues, CR program goals and components, and CR program setting-related aspects. These three age-related issues represent distinct, but potentially interrelated, areas that are impacted by advancing age and are not currently addressed in traditional CR programs. Determination of the specific aspects of CR programs that may be better suited to medically complex and vulnerable older adults, such as eligibility, patient-centered goals and outcomes, and novel components and delivery systems may ultimately improve referral, enrollment, completion and overall benefit of this Medicare-supported resource. Successful modified programs should strive to improve function, independence and quality of life while reducing disability, future cardiovascular events, readmissions, morbidity and mortality. View further information at bit.ly/2w4LONC.

RRF Accepting Applications for Projects in Aging
The Retirement Research Foundation (RRF), based in Chicago, is one of the nation’s first private foundations devoted exclusively to aging and retirement issues. Through its responsive grants program, RRF supports advocacy; direct service; education and training programs for professionals working with elders; and research to seek causes and solutions to significant problems of older adults. Proposals for direct service projects are considered from organizations based in seven states: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. 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 letter of inquiry (LOI) as part of its grantmaking process. LOIs should be submitted by December 1; the full proposal deadline is February 1, 2018. To learn more, visit www.rrf.org.

E4A Program Will Fund Studies on Population Health
Evidence for Action (E4A), a national program of the Robert Wood Johnson Foundation, funds research that expands the evidence base needed to build a culture of health. Its mission is to support rigorously designed quantitative, qualitative, and mixed methods research that yields convincing findings regarding the population health, well-being, and equity impacts of specific policies, programs and partnerships. E4A is especially interested in research examining the health impacts of programmatic or policy interventions that address factors outside the domain of health care services or public health practice. Preference will be given to applicant organizations that are either institutes of higher education, public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code but other types of nonprofit and for-profit organizations are eligible to apply. Applicant organizations must be based in the U.S. or its territories. Applications are accepted on a rolling basis. To learn more, visit www.rwjf.org.

Continued from page 1 – Members Provide Senate Testimony on Disaster Planning
Dosa, MD, MPH, a GSA member who is an associate professor of medicine & health services, policy & practice at Brown University and the associate director of the Center of Innovation for Long Term Services & Supports at the Providence VA Medical Center.

The purpose of the hearing was to review what has been learned from past experience and what more can be done to ensure the health, safety, and resilience of older Americans during and after disasters, such as hurricanes.

Hyer provided explanations for why it may be more dangerous for nursing home and assisted living residents to evacuate than to shelter in place. She also gave eight recommendations to the committee to improve outcomes for these older adults. Among them were calls for generators and fuel to support air conditioning and other medical needs; better education about emergency plans; more disaster preparedness oversight in assisted living communities; more research on what types of patients will benefit from evacuation or sheltering in place; construction of facilities in places that minimize flooding risk; identification of and prioritization for nursing homes and assisted living communities by state and local management organizations; litigation protection for facilities that abide by regulations and provide care during disaster scenarios; and continued commitment to geriatric education programs.

“Our country needs ongoing geriatrics training,” Hyer said. “We need consistent research funding to evaluate disasters. We know that disasters will continue to occur, and we must be prepared.”

Along with their testimony, Hyer and Dosa also submitted a number of supporting journal studies that formed the basis for their findings and recommendations. The lead authors of these articles included Hyer and Dosa, as well as GSA members Kali S. Thomas, PhD, of Brown University and Lisa M. Brown, PhD, FGSA, of Palo Alto University. Brown was a presenter on two late-2016 GSA webinars on disaster preparedness and response; these resources can be found at www.geron.org/webinar.

Hyer spoke with Senate Special Committee on Aging Chair Susan Collins (left) and Ranking Member Bob Casey (right).
Continued from page 1 – GSA, AARP Focus on Effects of Negative Attitudes on Aging

Lessons on Creating a Balanced Life
By Carol Reynolds Geary, PhD, MBA, RN, and Michael Geary, MS

As you read this, consider the context: Carol is a doctorally-prepared nurse and an MBA who has been happy and successful in academia, nursing, and business. Mike is a human resources executive with global and operations experiences. We have been married for 20 years during which we have made a wonderful life together, including two careers, four children, and significant community responsibilities. We each considered “staying home” at some point and determined that while family is central and grounding, it is not the whole of who we are and what we have to contribute to the world. Our “balance” is personal: that point where we are individually getting what we want and need while contributing effectively in our different roles.

In writing this article we reviewed the literature, talked with others, and considered our learnings. The literature is largely editorial and, in general, offers clear evidence that “work / life balance” is based on personal values. Whether you choose to “lean in” to a career, to stay at home, or something in the middle, it is not a right or wrong choice, but a personal choice. When we asked others how they did “IT,” no one suggested the question was odd AND no one declared ignorance. Each person knew something that was critical to their balance. (Lesson: Don’t discount what you already know about yourself.) Additionally, no one considered themselves expert. Several noted that every time they thought they had “IT” figured out, something changed: a job change, a major life event, or something that used to be fulfilling wasn’t anymore.

Now, our learnings: First, “work/life balance” implies that the two must be equal or create “imbalance.” Rather than considering balancing scales or zero sum games, look to create flexibility that allows management of multiple priorities. Both work and home have critical priorities and minor details. Work and life aren’t at odds with each other. However, managing critical priorities in ways that assures that neither work nor home always “loses” is a learned skill.

At least three things are necessary for managing multiple priorities. First, be open enough to identify options when they exist and to create them when they don’t. Beginning with a question about “what is really important here” often provides the space for new options to become evident. Second, know the difference between a critical priority and something that can wait. And, third, invest enough both at work and at home to have the clout to ask for flexibility. This investment ensures that all involved know that you will not let them down. You may not deliver what they think they want, but you will deliver what they need.

Don’t lock yourself in by creating rules and expectations that fail to meet a priority. Over these years our “balance” has changed. Sometimes this was in relation to a want (graduate school might be fun), sometimes to a need (SLEEP is necessary), and sometimes to a personal boundary (this is/isn’t who we want to be or is a line that we won’t cross). We find space for wants and needs in our lives, while maintaining our boundaries. Wants, needs and boundaries has been a helpful framework for making priorities concrete; making evident when priorities have changed; and supporting conscious decisions about where “balance” lies NOW. This is not a once and done exercise: options that work today won’t tomorrow and even fulfilling activities grow tiresome. Therefore, we encourage you to be both brave enough to stick it out when things get hard and to make a change when it is time. At some point in your life, you will experience both. Sometimes, it will be difficult to distinguish where you are.

One last learning: have mercy for yourself and others. We are all learning. We will get it wrong sometimes. Sometimes we will be too tired, stressed, or whatever to notice that we are getting it wrong. Have mercy. Help out when you can; ask for help when you need it; and always remember to be thankful for the good, especially when the good is so substantial that you can’t handle it all.

Continued from page 1 – GSA, AARP Focus on Effects of Negative Attitudes on Aging

whose book “Disrupt Aging” examines how aging is represented in society. “We need to change the conversation about age and aging in this country. This is not about being ‘polite,’ it’s a necessity.”

In addition to elevating a collection of timely and insightful research, the latest supplement to the The Gerontologist has a broader goal, according to Jenkins.

“We seek to enlist the aid of gerontologists in helping to change the conversation about what it means to grow older,” Jenkins said.

“Additionally, we want to remind gerontologists of the critical role they play, not just in academia, but in people’s real lives. We are all aging, every day so there is no more mainstream topic than aging.”

GSA members have free access to the journal’s contents by logging in at www.geron.org/publications.
University of New England Named Age Friendly University

The University of New England (UNE) has become the first university in northern New England and the fifth in the nation to be officially recognized as an Age Friendly University (AFU) by the international Age Friendly University Global Network, which highlights the role higher education plays in meeting the challenges and opportunities of an aging population. The network is led by Dublin City University with support in the U.S. from the Association for Gerontology in Higher Education.

To receive this designation, UNE demonstrated the numerous ways that it engages older adults to participate in core institutional activities, including education and research. Additionally, the faculty at UNE is committed to educating students about global efforts to redefine the way society views aging, placing emphasis on the benefits of longevity and the complexity and richness that aging brings to our society. Joining the AFU network of global partners offers UNE the opportunity to learn about and advance emerging age-friendly efforts and to contribute to an educational movement of social, personal and economic benefit to students of all ages.

Maryland Undergrads Win NIH Award for Early Alzheimer’s Diagnosis Tools

A team of undergraduate students from the University of Maryland, College Park that developed a device to help diagnose Alzheimer’s disease has received this year’s top prize in the Design by Biomedical Undergraduate Teams (DEBUT) challenge, a biomedical engineering design prize competition. The teams developed prototypes of devices that advance technology and improve human health. The DEBUT challenge, with prizes worth $65,000, is supported by a public-private partnership between the National Institute of Biomedical Imaging and Bioengineering (NIBIB), part of the National Institutes of Health (NIH), and VentureWell, a non-profit higher-education network that cultivates revolutionary ideas and promising inventions.

This is the second year that NIBIB has joined with VentureWell, extending the collective reach and impact of the DEBUT awards. Of the 41 eligible entries received from 22 universities in 16 different states, NIBIB selected three winning teams based on the significance of the problem being addressed; the impact on clinical care; the innovation of the design; and the evidence of a working prototype. For more information, visit bit.ly/2faZvkF.
Final Money Follows the Person Evaluation Report Issued

The Money Follows the Person (MFP) demonstration, which supports states’ efforts to help Medicaid beneficiaries living in long-term care facilities transition back to the community, has released its 2015 annual evaluation report. MFP grantees are using funds from the U.S. Centers for Medicare & Medicaid Services (CMS) to expand the mix of services to better meet peoples’ support requirements during their first year in the community. This report is the seventh and final in a series of annual reports that Mathematica Policy Research is producing for the national evaluation of the MFP demonstration. It provides basic information about the program and how it grew and changed since transitions began in 2007. It also presents estimates of program outcomes and provides the underlying information necessary for a report to Congress. Access the report at bit.ly/2wylUU6M.

AARP Survey Suggests Brain-Stimulating Activities May Improve Brain Health

According to AARP’s recently released survey of more than 1,100 Americans over age 40, those who participate in cognitively stimulating activities (CSAs) self-report improved cognitive functioning, health, and well-being than those who don’t participate in CSAs. CSAs examined in the survey include musical and creative activities, educational activities, physical exercise, socializing, and playing games and puzzles. Adults over age 40 engage in an average of eight CSAs per week. Those who rate their cognitive abilities as being “excellent” engage in a greater than average number of CSAs than those who rate their status as “poor.” “Put simply, this survey is telling us that, if you work your brain, your brain will work for you,” said Gary Small, M.D., director of the UCLA Longevity Center at the Semel Institute for Neuroscience and Human Behavior. More information about the survey can be found at bit.ly/2xQSL79.

CRS Releases Nutrition Memorandum

The Congressional Research Service (CRS) has released a new memorandum on older adult malnutrition. The report provides an overview of the issue of older adult malnutrition, including: an overview of the problem (e.g., prevalence, impact on health care outcomes, patient function); barriers to malnutrition care; and an example of an evidence-based care model for malnutrition prevention and patient function); barriers to malnutrition care; and an example of an evidence-based care model for malnutrition prevention and patient function). To read the full report, visit goo.gl/rRxmbB.

NASEM Report Finds Promising but Inconclusive Evidence on Cognitive Interventions

To help sort through the data and to understand the quality and weight of current evidence for possible interventions for dementia and cognitive impairment, the National Institute on Aging (NIA) commissioned experts for an extensive scientific review and to provide recommendations for public health messaging and future research priorities. In response to that request, a report from the National Academies of Sciences, Engineering and Medicine (NASEM) has concluded that current evidence does not support a mass public education campaign to encourage people to adopt specific interventions to prevent cognitive decline or dementia. Importantly, the committee also cited “encouraging although inconclusive” evidence for three specific types of interventions — cognitive training, blood pressure control for people with hypertension, and increased physical activity. Based on that evidence, the report committee recommended providing the public with accurate information about their potential positive impacts for some conditions while more definitive research on these and other approaches moves forward. The committee suggested that health care providers might include mention of the potential cognitive benefits of these interventions when promoting their adoption for the prevention or control of other diseases and conditions. The full NASEM report, “Preventing Cognitive Decline and Dementia: A Way Forward,” can be viewed at www.nationalacademies.org/dementia.

LeadingAge Launches Center for Workforce Solutions

LeadingAge has announced the launch of its Center for Workforce Solutions, which will focus on workforce resources for the aging services field. The center features promising practices, ideas for key partnerships, tools to calculate turnover, member testimonials, podcasts, policy news, and more. It will be directed by Susan Hildebrandt, vice president of workforce initiatives. The goal of the center is to reposition the field of aging services to attract and support a quality workforce at all levels. It includes the following strategies: framing/messaging working in aging services; gathering promising practices; supporting and developing workforce policy at the state and federal levels; and developing key partnerships around this issue. The center plans to collaborate with traditional partners, such as community colleges, as well as non-traditional partners, including businesses, to find practical solutions to workforce challenges. To learn more, visit leadingage.org/workforce.

Report Spotlights Workplace Practices to Support Caregivers

AARP and the Respect A Caregiver’s Time Coalition (ReACT) have released a new report, “Supporting Working Caregivers: Case Studies of Promising Practices,” which points to the provision of caregiver-friendly policies and practices as a potential new weapon in the war for talent. Fourteen case studies in the report highlight organizations leading the way by providing a broad array of information resources and referrals, flexible work arrangements, paid time off for caregiving, emergency backup care, and, in some cases, high-touch counseling and care management advice. The case studies include well-known organizations from both the for-profit and nonprofit sectors, and both large and small employers. They represent a broad set of industries, including financial services, health care, higher education, home care, management consulting, media, and technology. To read the full report, visit bit.ly/2uHhYib.
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Family Caregiving Institute Postdoctoral Scholar

The Betty Irene Moore School of Nursing at UC Davis seeks one full-time, visionary postdoctoral scholar to join the founding team of the Family Caregiving Institute, which launched at the Betty Irene Moore School of Nursing at UC Davis in April 2017 with a $5 million grant from the Gordon and Betty Moore Foundation.

Dedicated to the well-being of those who care for others, the postdoctoral scholar in family caregiving supports the institute’s vision to discover and disseminate knowledge to improve systems of support for caregivers. The successful candidate has scholarship in the area of caregiving.

The Family Caregiving Institute at the Betty Irene Moore School of Nursing at UC Davis builds upon the foundation laid by the school’s current scholarship in the area of family caregiving, examining the effectiveness of programs and designing interventions to support them. Another goal of the institute is to augment abilities of health care professionals to better partner with and support family caregivers. Researchers will work to develop tools and resources for practicing health professionals to equip them to be more effective in anticipating and meeting the needs of caregivers.

For full position description and to apply, visit http://nursing.ucdavis.edu/ourteam/join.

UC Davis is an affirmative action and equal opportunity employer with a strong institutional commitment to the achievement of diversity among its faculty, staff and students.
Risk of Walking Disability Increases for Sedentary TV Viewers

Older people who watched more than five hours of TV per day and reported three or fewer hours per week of total physical activity had more than a three-fold higher risk of being unable to walk or having difficulty walking at the end of a study that ran for nearly a decade.

“The Joint Associations of Sedentary Time and Physical Activity with Mobility Disability in Older People: The NIH-AARP Diet and Health Study,” was published August 30 in The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences. This research was supported in part by the National Cancer Institute at the National Institutes of Health.

The study assessed all types of sedentary behavior, as well as light, moderate, and vigorous physical activity, and observed that prolonged sitting and TV watching was particularly harmful — especially when combined with low levels of total physical activity.

“TV viewing is a very potent risk factor for disability in older age,” said the study’s lead author, Loretta DiPietro, PhD, MPH, chair of the Department of Exercise and Nutrition Sciences at The George Washington University’s Milken Institute School of Public Health. “Sitting and watching TV for long periods — especially in the evening — has got to be one of the most dangerous things that older people can do because they are much more susceptible to the damages of physical inactivity.”

DiPietro and her colleagues analyzed data from the NIH-AARP Diet and Health Study, which kept track of men and women age 50 to 71 from six states and two metropolitan areas. All of the participants were healthy at the study’s start in 1995. The researchers recorded how much the participants watched TV, exercised or did gardening, housework or other physical activity at the beginning of the investigation, and then followed participants for about 10 years.

At the end of the study, nearly 30 percent of the previously healthy participants reported a mobility disability — having difficulty walking or being unable to walk at all.

The researchers observed that:

• Participants who watched five or more hours of TV per day had a 65 percent greater risk of reporting a mobility disability at the study’s end, compared with those who watched the least amounts of TV (less than two hours per day), and this association was independent of their level of total physical activity, as well as a variety of risk factors known to affect mobility disability risk.

• Increasing levels of total sitting and TV time in combination with low (three hours per week or less) physical activity were especially harmful, resulting in an acceleration of risk.

• Among those people in the most physically active group (greater than seven hours per week), total sitting of six hours per day or less was not associated with excess mobility disability.

• On the other hand, within all levels of physical activity, increasing amounts of TV viewing time increased the likelihood of a walking disability in a dose-response manner.

Other studies have found that too much sitting is a health hazard even for older people who meet the moderate-to-vigorous intensity physical activity guidelines of at least 150 minutes per week. But unlike this study, previous research did not follow people prospectively over a long period of time and did not consider the combined impact of both sedentary time and physical activity.

Younger people might be able to get away with sitting for long periods because they are physiologically more robust, DiPietro said. But after age 50, this study suggests that prolonged sitting and especially prolonged television viewing becomes particularly hazardous. TV viewing in the evening may be especially detrimental to health because it is not broken up with short bouts of activity, compared with sitting during the day, DiPietro added.

“We’ve engineered physical activity out of our modern life with commuting, elevators, the internet, mobile phones and a lifestyle — think Netflix streaming — that often includes 14 hours of sitting per day,” DiPietro said. “Our findings suggest that older people who want to remain fit must ramp up their daily physical activity and reduce the amount of time they spend sitting.”
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