The Journalists in Aging Fellows Program, run jointly by GSA and New America Media (NAM) since its launch in 2010, will continue thanks to renewed funding support from The Silver Century Foundation, as well as new grants from the Archstone Foundation, The Commonwealth Fund, The Retirement Research Foundation, and The SCAN Foundation.

For the past five years, this co-venture — responsible for more than 300 news stories by 84 alumni to date — has largely centered around GSA's Annual Scientific Meeting and in-depth stories proposed by each fellow.

“We are grateful to our funders for recognizing the value that this program has provided,” said Paul Stearns, MS, GSA's senior director of membership, communications, and branding. “As the nation's older demographic grows, America's reporters need trusted sources of information on aging, and the experts in the field must have reliable outlets for disseminating their latest research.”

Continued on page 7
From the Executive Director

True or False: I’m Excited About the 2017 World Congress

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

It’s September, and what better way to get in the back-to-school mood than a pop quiz? Today’s topic: the 2017 World Congress of Gerontology and Geriatrics. As I hope you know, GSA has been selected to host this meeting — from July 23 to 27, 2017, in San Francisco — by the International Association of Gerontology and Geriatrics.

And because we’re just six months away from the opening of the abstract submission period on April 1, 2016, I thought it would be good to test GSA members’ knowledge about this major event — which won’t be held in the U.S. again for 32 years!

Quiz:
1. T/F: GSA will not convene its own Annual Scientific Meeting in 2017.
2. T/F: There will be a higher acceptance standard applied to the science submitted to the World Congress than a GSA Annual Scientific Meeting.
3. T/F: Abstract submissions from outside the U.S. will take precedence when the World Congress program is developed.
4. T/F: All aging-related disciplines will be prominently featured in the World Congress program.
5. T/F: GSA will handle all efforts in promoting attendance at the World Congress.
6. T/F: GSA is the sole host of the World Congress.

Answers:
1. True. To enable GSA members to take full advantage of the World Congress, GSA will direct all planning efforts to that event and not convene an Annual Scientific Meeting in November 2017. But members can still expect all the networking and research presentation opportunities that our meeting always provides, and more.
2. False. Several GSA members have voiced concerns to me that their research may not qualify to be included in the World Congress program. Given the high-quality research submitted to GSA’s meeting each year, I am certain that our members’ research will fare well in the peer-review process for this World Congress.
3. False. Abstract submitters’ country of origin will have no determining factor in acceptance. The best quality scholarship will be selected for inclusion in the World Congress.
4. True. Our program committee, led by Dr. Terrie “Fox” Wetle and Dr. Jeffrey Halter, is made up of gerontologists from a variety of disciplines, and they are committed to building a program of sessions that represents every facet of aging, including cross-disciplinary and cross-cultural research.
5. False. GSA is looking to its members to help create awareness of the World Congress. If you will be presenting at a meeting — particularly one outside the U.S. — in the near future, you can help spread the word through a World Congress-themed PowerPoint slide, available at www.iagg2017.org/en/program.
6. False. While GSA is leading the efforts to plan the World Congress, co-hosts include the American Aging Association, the American Federation for Aging Research, the American Society on Aging, and the National Council on Aging.

So how did you do? Did you get a perfect score, or were you surprised by any of the answers? Tell me about it directly at jappleby@geron.org, or better yet, let’s talk about it on the GSA Connect online networking platform. By the way, the answer to the headline is “true.”

Lastly, I’m introducing a new feature of my column below. From now until the World Congress, we will include a reminder of upcoming dates of significance.

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

Next date to remember: April 1, 2016
Abstract submission period open
Cutler Receives Fulbright Specialists Award

Former GSA President Stephen J. Cutler, PhD, an emeritus professor of sociology at the University of Vermont, has been selected for a Fulbright Specialists Project in Romania at the University of Bucharest in October 2015. Cutler will work with the faculty of sociology and social work at the university on its new master’s degree program on aging. Cutler is one of more than 400 U.S. faculty and professionals who will travel abroad this year through the Fulbright Specialists Program.

Kropf Selected for Dean’s Post

GSA Fellow Nancy P. Kropf, PhD, has been named dean of Georgia State University’s Byrdine F. Lewis School of Nursing and Health Professions. She currently serves as the associate dean for research and strategic initiatives and professor of social work in the Andrew Young School of Policy Studies. She was named distinguished faculty in gerontology by the Georgia State Gerontology Institute in 2010, and honored by the Association for Gerontology Education Social Work for leadership in aging. Kropf is presently involved in two Health Resources and Services Administration (HRSA) funded grants on interdisciplinary education and practice. The first, with the Atlanta Regional Geriatric Education Center, consists of faculty within medicine, nursing, and social work.

Lichtenberg Awarded for Elder Abuse Research

GSA Fellow Peter Lichtenberg, PhD, director of the Institute of Gerontology at Wayne State University, has been named as a recipient of the Judge Edward Sosnick Courage to Lead Award for his extensive work to create ways of identifying older adults at risk of financial exploitation. The award is presented annually by the Oakland County SAVE (Serving Adults who are Vulnerable and/or Elderly) Task Force. Lichtenberg created a set of scales and assessments of a person’s ability to make sound, rational financial decisions and/or risk of being subject to undue influence. Initial studies have confirmed that the Lichtenberg Financial Decision-Making Screening and Rating Scales reliably profile an older adult’s vulnerability to exploitation and ability to make significant financial decisions.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Leslie Hasche, PhD
The recipient, who became eligible after referring new member Shanna Kattari, MEd, 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: Gloria Luong, PhD
Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.
As ADA Reaches Quarter-Century Mark, Putnam Highlights Program’s Role in Gerontology

As the oppressive humidity of summer in DC moved in and the members of Congress moved home for five weeks, I was struggling with the notion of asking GSA members to weigh in with an advocacy effort on the Older Americans Act or funding issues when all anyone seems to be talking about is Iran and “The Donald.” Well, what really got me thinking about the topic for this month’s column is all the attention that we have been giving to the 50th anniversaries of Medicare, Medicaid, and the Older Americans Act, and to a lesser extent, the 80th anniversary of Social Security. Celebrations for these programs are wonderful and appropriate, but there’s yet another program that reached a milestone this year: the Americans with Disabilities Act (ADA) has turned 25. I think its role in influencing the lives of individuals with disabilities (including older adults) has been wonderful to watch.

Thus, I turned to someone I have known since she was a Hartford geriatric social work faculty scholar back near the turn of the century. Michelle Putnam, PhD, is one of those GSA members who understands and has bridged the issues of aging and disability. She is a professor and associate dean for research at the Simmons College School of Social Work in Boston. She also serves as the editor-in-chief for the Journal of Gerontological Social Work.

So, who better to help us all focus on this significant occasion for the ADA?

Brian: Michelle, let’s agree that the other big anniversaries are important, but focus on the unsung value of the Americans with Disabilities Act today.

Michelle: I think that’s an excellent idea. The ADA has had a profound impact on the field of long-term care and community-based supports and services. It’s also impacted employment, education, health services delivery, community integration and participation, and a range of other areas. I think the ADA is often over-looked in terms of its importance to older adults and the study of aging.

As gerontologists, we often think of “aging policy” as mainly Social Security, Medicare and Medicaid, the Older Americans Act, and maybe age discrimination statutes. We usually don’t consider the ADA a part of aging policies. In some ways this might be fair, as older adults are not the single target population, but in other ways it’s not. The ADA covers individuals of all ages. And while the term “persons with disabilities” is usually used to describe the population 18 to 59, there is really not a good reason to exclude older adults from this group. The onset of disability may vary, and the experiences of disability may vary, but the ADA is applicable to everyone regardless of age and I think if we don’t consider it relevant to aging — a part of aging policy — then we lose the ability to leverage its power to support positive outcomes for older adults.

Brian: Let’s go back a bit; what did you mean when you said the ADA has had a profound impact on the field of long-term care?

Michelle: The ADA was passed in 1990, and ushered in a new era of civil rights for persons with disability of all ages with many initial legal victories in the areas of employment, housing, and environmental accessibility. However, it was the Supreme Court’s decision in the Olmstead v. LLC case in 1999 that turned long-term care policy around by 180 degrees. The Olmstead decision said that individuals have a right to community-based care if it they desire it and treatment professionals deem it is appropriate. This decision indicated that a lack of community-based care was discriminatory as it segregated individuals with disabilities, which violated the ADA.

This decision alone was an important one, but as policy wonks will appreciate, it was the federal trinity that really gave teeth to Olmstead. In 2001, President Bush issued an executive order as part of his New Freedom Initiative which required demonstrated compliance by all federal agencies and their grantees with the Olmstead decision. This is a rare event in public policy when all three branches of government align in support of the same objective. This seems fairly unimaginable in the current Washington climate.

The end result, to return to your question, is that the inherent funding and cultural bias towards institutional care has been reversed and significant federal and state efforts have gone into reducing institutionalization and increasing home and community based service provision. And of no small note, the industry of HCBS [home- and community-based services] has mushroomed and long-term care institutions have looked for new or additional business in acute care. In short, the Olmstead decision flipped the entire LTC [long-term care] field on its head and did what vast amounts of research on institutionalization had not been able to do.

Brian: As you know, GSA recently held a webinar as follow up to a Public Policy & Aging Report supported by the SCAN Foundation on the Commission on LTC, and you wrote a piece in that issue. [GSA members can access the issue for free by logging in at www.geron.org/publications, and view the webinar at www.geron.org/webinar.] Could we talk about where disability, aging, and LTC intersect?

Michelle: Sure. Academically, there are so many ways to intellectually understand and think about aging and disability — it’s no small notation that the field of gerontology and those of disability and rehabilitation sciences are interdisciplinary — but
from the lived perspective, many of the daily challenges of disability are the same regardless of age. Historically, aging and disability have been very distinct fields of study and practice, programs and services segment based on age — 59 and under, and 60 or 65 and older — and culturally we have segmented the populations and adopted stereotypes about each to such a degree that older adults and middle-aged and younger persons with disabilities do not want to be considered part of the same group. So, not everyone wants to find intersections, although a handful of very good scholars in the gerontology and disability fields have been looking at these intersections for a fairly long time.

In the *PP&AR* piece, my co-author Lex Frieden and I discussed the opportunity to find current intersections in the areas of independent living, community integration and meaningful participation in family, community, and other life pursuits. The sticky part of trying to articulate intersections is addressing both the more theoretical arguments about why the experience of aging and that of having a disability are different and why younger and older people who experience disability are different. From my perspective, if we think about aging as process and we study the life course, then the experience of disability is something an individual may or may not have during their life-time. If she or he does experience disability, it likely matters when this happened, what the underlying cause was and any resulting impairment was, how long disability lasted or how many bouts of disability there have been, what the skills, resources the individual with a disability has, and what her or his life circumstances or situation is. All of this has effects or implications on her or his ability to achieve life activities and goals such as holding a job and having adequate financial resources, developing social relationships and being part of a family, living independently, owning a home, having good health, etc.

**Brian:** Yes, and I particularly appreciated your reference to Powell Lawton’s view of disability as a mismatch of a person’s capabilities to an environment’s characteristics, regardless of age.

**Michelle:** Exactly, so what does this have to do with policy and long-term care? Or long-term supports and services — the new long-term care that I would link directly back to federal cultural changes resulting from the ADA and Olmstead decision, by the way. I think it matters for how we design policies and programs and services as well as how we prepare and build capacity among service professionals as well as where we focus research. Persons aging with disability and persons aging into disability may have different life experiences based on age of onset of disability. They very well might have different service needs based on the nature of the disability and its duration as well.

**Brian:** But they all face the mismatch between capabilities and environment. Would you give me some examples?

**Michelle:** Yes. One example is that most of our caregiving programs are designed for caregivers of older adults — a daughter or wife or husband who is providing assistance to a parent or spouse — and the general assumption is that this person has been a caregiver for probably a decade or less and that support needs started later in life. For a person aging with intellectual/developmental disabilities, a caregiver is likely a parent who has provided assistance for up to five, six, or seven decades or a sibling who has taken over for a parent caregiver. For a person aging with a condition like multiple sclerosis, a spouse or child may also have provided assistance for ten, twenty, or more years. In many ways, these caregivers are very different consumers than the older adult caregiver in that they have an incredible amount of experience and expertise as care providers and in many cases with service systems, prior to later life. It’s also the case that many have never been in the public service system — for various reasons — so have always had only private and/or informal support.

It’s well established that employment participation impacts financial security in retirement. If and how the ADA has improved the ability to gain and retain employment for working age persons with disabilities and what this means for financial security in later life seems an excellent question to me in terms of understanding the impact of the ADA on financial security in later life.

**Brian:** It sounds like you are making a case for aging policy to consider the life course.

**Michelle:** I am. I recently authored a chapter in a book edited by Nancy Morrow-Howell and Margaret Sherraden, “Financial Capability an Asset Holding in Later Life,” published by Oxford Press, that discussed the aging with disability population and financial insecurity in later life. In that chapter and in other publications I am beginning to argue more often that aging policy really should take into consideration the life course.

We have so much research that examines population disparities and shows us where, when, and how we might intervene with social policies to improve individual and family situations and outcomes. If as gerontologists we think only about later life — past age 60 — we are kind of trying to create solutions to address the poor outcomes in later life that have direct links to things that were happening in earlier life. If we did a better job at addressing individual and family challenges in early and mid-life, we might see better outcomes in later life.

We know that good health, secure income and acquisition of assets, strong social networks, etc., lead to more positive outcomes in later life overall. Gerontologists should be interested in linking the aging policy discourse to social welfare policy discussions about early and mid-life interventions. The ADA is just one piece of legislation this could be done with — trying to understand how the right to work, being part of the community, and to not be discriminated against impacts life outcomes over time.

**Brian:** Thank you so much Michelle for your work and helping us see aging and disability issues from a different perspective.
Webinar Explores Native American Research
A webinar that GSA hosted on July 29, “How to Gain Entry and Work with Older Adults in Culturally Grounded and Respectful Approaches,” has been archived online at www.geron.org/webinar. The presentation focuses on the research experiences of GSA member Jordan Lewis, PhD, who works with tribal communities in rural Alaska and urban Seattle. It discusses culturally grounded approaches to research with tribal communities, with an emphasis on community-based participatory research, and outlines recommendations for working respectfully and collaboratively with older adults in tribal communities across the U.S. It also highlights the steps of beginning a research study with American Indian and Alaska Native older adults, from developing research questions to disseminating findings. Lewis is an assistant professor at the University of Washington School of Social Work and Indigenous Wellness Research Institute. GSA member Sarah Llanque, RN, PhD, a postdoctoral fellow in cancer, aging, and end-of-life care at the University of Utah College of Nursing, is a co-presenter. This webinar was supported by The Mentoring Effect, a special project of the GSA Innovation Fund.

New Training Modules Focus on Sleep
There are two new entries in GSA’s online training module series based on its “Communicating with Older Adults: An Evidence-Based Review of What Really Works” publication. “Communicating Effectively With Older Adults: Sleep Health and Sleep Disturbance” enables users to understand how sleep changes with aging and how sleep disturbances can impact the health of older adults. “Communicating Effectively With Older Adults: Older Adults and OTC Sleep Aids demonstrates how older adults can safely and effectively use over-the-counter sleep aids for sleep disturbances. All modules in the series are free to GSA members and are accessible at www.geron.org/communicating.

CDC Releases Two Falls Prevention Resources
To help communities identify appropriate evidence-based fall prevention programs, the U.S. Centers for Disease Control and Prevention (CDC) has developed a new resource, “Preventing Falls: A Guide to Implementing Effective Community-Based Fall Prevention Programs,” available at 1.usa.gov/1DNf1X. This “how-to” guide provides resources and strategies to help community-based organizations initiate and maintain effective programs. The guide focuses on implementation of fall prevention programs, offering strategies on program planning, development, implementation, and evaluation. The CDC also has released “Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults, 3rd Edition,” available at 1.usa.gov/1fnM2n4. This is a collection of effective fall interventions designed to help public health practitioners, senior service providers, clinicians, and others who want to address older adult falls in their community. It describes single interventions (15 exercise interventions, 4 home modification interventions, and 10 clinical interventions) and 12 multifaceted interventions (which address multiple risk factors). Each intervention is presented using a standardized format that includes a short summary and additional implementation details.

NIA’s Go4Life Month Asks Older Adults to “Be Active Every Day!”
In collaboration with the White House Conference on Aging, Go4Life, the national exercise and physical activity campaign for people 50+ from the National Institute on Aging (NIA), is bringing together more than one hundred federal, state, and local partners to encourage older adults to move more and stay active for better health with advancing age. In September, the campaign will celebrate Go4Life Month with the theme of “Be Active Every Day!” Go4Life is based on research showing that exercise can help prevent many of the chronic conditions and disability associated with aging. Go4Life provides information and motivational tools to help older adults increase their physical activity and by working with local and national organizations to provide an environment that supports these efforts. The heart of the Go4Life campaign is an interactive website, Go4Life.nia.nih.gov, with sample exercises, success stories, and free materials. For a list of activities planned thus far for Go4Life Month, go to Go4life.nia.nih.gov/event-list. The Robert Wood Johnson Foundation, through the Foundation for the National Institutes of Health, is funding activities and educational materials to support Go4Life Month and the ongoing campaign.

Federal Funds Create Resource Center for Asian American, Pacific Islander Elders
The U.S. Administration for Community Living has awarded the National Asian Pacific Center on Aging (NAPCA) a five-year grant totaling $1.15 million to serve as the National Resource Center on Asian American and Pacific Island (AAPI) Aging. This grant will enable the Aging Network to provide culturally competent and linguistically appropriate information, supports, and services to AAPI seniors. NAPCA offers a multilingual helpline staffed with bilingual and bicultural consumer advocates who will provide free, over-the-phone interpretation technical assistance to the Aging Network in Mandarin, Cantonese, Korean, and Vietnamese to improve access to information and services for limited English proficient AAPI seniors. Resources for older adults, caregivers, service providers, advocates and policy makers are available at www.napca.org. Some of these resources include newsletters, policy briefs, research reports, healthcare booklets, a Health Aging Resource Center, and insurance information. Additionally, NAPCA will partner with four other racial and ethnic minority and LGBT national aging organizations to establish the National Consortium on Aging Resources for Seniors’ Equity to collectively help the Aging Network better understand the common needs and challenges of minority and LGBT senior populations.
Tips on Career Development

By Glenna S. Brewster, MS, RN, FNP-BC, and Shay Glasgow, BS

Many people who graduate with terminal degrees often seek tenure track faculty positions; however, some choose to pursue careers outside of academia. Whichever path is chosen, developing one’s career is vital to ensuring continued success. This article will discuss some strategies for career advancement, thus making you a more marketable and satisfied employee.

Choose the right company or institution: Ensure that the company with which you work offers opportunities for upward mobility and/or advancement since demonstrating that you have advanced in your career will be a selling point for future jobs and opportunities.

Know your job: While completing the degree may get you into the interview and the job offer, you must understand the requirements of your job then become proficient at the job. Strive to become the subject matter expert in your particular field.

Seek cross-training opportunities: Cross-training allows you to get additional experience in a different area. Professionals with the most experience are often the ones who receive the promotion. In addition, you become more marketable since you are proficient in another area.

Be a team player: Respect supervisors and your colleagues. Contribute ideas and comments when needed. You can also consider volunteering to work on projects with other departments. However, don’t over extend yourself since this can lead you to be less productive with your job.

Acquire new knowledge and skills: While on the job training is important, there are many others skills that can be useful for performing your job. These skills not only make you more marketable, but also add value to the organization. Find out whether your organization has benefits like tuition reimbursement or other education benefits and take advantage of them. In addition, use resources like Coursera and Edx, which offer free colleges courses online to enhance your knowledge.

Lead by example: Be an ethical and moral individual and remain as such as you seek advancement opportunities. Be aware that your peers can eventually be your leaders or subordinates therefore it is pertinent that you maintain the same standard regardless of your position.

Seek to be mentored: Mentoring is one of the best ways to gain experienced in the workplace. Many organizations have mentoring programs that are focused on career development; therefore, convey your interest for receiving mentoring to the leaders in the organization. If your organization does not have a structured mentorship program, identify, approach, and ask leaders in the organization for mentorship.

Create your own opportunities: Be observant. Assess the challenges of the organization and suggest solutions to the identified challenges.

These are some suggestions that can be employed to advance your career. Be aware that job duties will evolve; therefore, you also need to grow as an employee. Perform periodic self-evaluations so that you can identify then adjust based on your strengths and weaknesses. Utilize opportunities for enhancing your skills by attending training workshops or taking educational courses. Participate in projects across departments in the work environment and finally, create opportunities for yourself within the organization.

Continued from page 1 – Fellowships Increase Media Spotlight on Aging Issues

The program is co-directed by Todd Kluss, MA, GSAs senior manager of communications, and Paul Kleyman, the senior editor of NAM’s ethnic elders newsbeat and national coordinator of the Journalists Network on Generations.

The new cohort will consist of 17 fellows. As in previous years, half will be selected from general audience media and half from ethnic media outlets that serve communities within the U.S.

The centerpiece of the program will be the fellows’ participation in GSA’s Annual Scientific Meeting, which in 2015 will take place from November 18 to 22 in Orlando, Florida. The fellowship requires participating reporters to deliver a story from the conference and a major piece or series in the following months.

“While researchers at the conference show the gaps and gains in longevity, including disturbing differences by race, ethnicity, gender, and education, journalists can work with them to bring those scientific findings to diverse communities,” said NAM Executive Director Sandy Close, a recipient of a MacArthur Foundation “genius grant” fellowship.

On arriving in Orlando, the fellows will participate in a workshop the day before the GSA meeting begins. This session will showcase research highlights from the meeting and host discussions with veteran journalists on how to position aging stories in the current media environment.

All applications for the fellowship program will be reviewed by a selection committee of journalists and experts in aging. The criteria will include clarity and originality of proposed in-depth story projects; quality of samples of published or produced work; high-impact potential of proposals geographically and across different ethnic or racial populations.

Twelve previous fellows also will be eligible for support to attend the Orlando meeting to cover the newest developments in the field of aging. A continuously updated list of stories from the fellows is available at www.geron.org/journalistfellows.
Meeting Agenda Features Ample Networking Activities

Numerous sessions that demonstrate GSA’s networking potential are slated for the 68th Annual Scientific Meeting in Orlando, Florida. Visit www.geron.org/2015 to view the full program schedule.

President’s Welcome Reception and Exhibit Hall Opening
Wednesday, November 18 • 6 to 8 p.m.
Help kick off the meeting with a stroll through GSA’s Exhibit Hall and a visit to the first poster session of the meeting. Posters will be on display from 6 to 8 p.m. and presenters will be at their boards from 6 to 7 p.m. Enjoy the tunes of Jimmy Buffet and stop by one of the photo stations to capture memories of your time in Orlando. Hors d’oeuvres and a cash bar will be available.

Exhibit Hall
Wednesday, November 18 • 6 to 8 p.m.
Thursday, November 19 • noon to 5 p.m.
Friday, November 20 • 9:30 a.m. to 3 p.m.
Saturday, November 21 • 9:30 a.m. to 3 p.m.
The Exhibit Hall affords participants opportunities for hands-on examination of new products, technologies, and publications; assessment of applied research; previews of multi-media programs; easy access to graphic displays and literature about programs and centers; and one-on-one consultation with the experts.

ESPO Lounge
Thursday, November 19 • 7 a.m. to 7 p.m.
Friday, November 20 • 7 a.m. to 5 p.m.
Saturday, November 21 • 7 a.m. to 5 p.m.
The ESPO lounge provides a place for GSA’s emerging scholars and professionals to rest from the hectic conference pace, meet with colleagues and mentors, and learn more about ESPO. Stop by for refreshments and access to free internet!

How to Publish
Thursday, November 19 • 1:30 to 3 p.m.
This session is designed for anyone who would like to learn more about how to get published in peer-reviewed journals in the field of aging. Emerging scholars and professionals will find this symposium especially useful. This session will be divided into two parts: podium presentations by the editors in chief of two GSA journals; and breakout sessions that will provide an opportunity to meet informally with editors from GSA and AGHE journals and ask specific questions about getting published. Participants will be encouraged to visit as many journal editors as they wish during this component of the session.

Minority Issues in Gerontology Committee Award Presentation and Reception
Thursday, November 19 • 6:30 to 8 p.m.
All members are invited to this event, which honors the 2015 winner of the Minority Issues in Gerontology Committee Outstanding Mentorship Award and Student Poster Award.

Interest Group Meetings
Thursday, November 19 • 6:30 to 8 p.m.
Friday, November 20 • 7 to 8 a.m., 6:30 to 8 p.m.
Saturday, November 21 • 7 to 8:30 p.m.
These meetings provide excellent networking opportunities and a chance to talk informally with colleagues. Interest groups are formed around a topic or issue that cuts across disciplines and sections of the Society. The Program Book will contain a full list of groups and meeting times.
Early as the lunches will sell out! for those who do not wish to purchase a meal. Buy your ticket using the meeting’s registration form. The $20 fee covers and recognition of new GSA fellows. Participants may sign up for meetings, which will feature award presentations, activity reports, and current business news for ESPO. This is a great way to learn about opportunities to get involved in ESPO leadership, meet the executive committee members, and network with colleagues. Additionally, ESPO members in attendance will elect the 2015-2016 positions of chair-elect and communications chair.

All ESPO members are welcome and encouraged to attend this informational breakfast meeting that provides a review of the year’s activities, honors ESPO volunteer leaders, and discusses current business news for ESPO. This is a great way to learn about opportunities to get involved in ESPO leadership, meet the executive committee members, and network with colleagues. Additionally, ESPO members in attendance will elect the 2015-2016 positions of chair-elect and communications chair.

All GSA members are invited to attend their respective section meetings, which will feature award presentations, activity reports, and recognition of new GSA fellows. Participants may sign up for this event using the meeting’s registration form. The $20 fee covers the cost of the luncheon; limited general seating will be available for those who do not wish to purchase a meal. Buy your ticket early as the lunches will sell out!

Careers in Aging Week is an annual event intended to bring greater awareness and visibility to the wide-ranging career opportunities in aging and aging research. Universities and colleges participate by sponsoring events at their schools or in their communities. Learn how other institutions used Careers in Aging Week to promote the field and support their respective programs, as well as bring home new ideas and resources to help support an event on your campus.

Current and prospective GSA Ambassadors are invited to attend this meeting to discuss this networking program for GSA members. The GSA Ambassador Program aims to spread awareness of the field of aging, GSA, the Emerging Scholar and Professional Organization, and to serve as a networking tool linking individuals with an interest in gerontology. As a GSA Ambassador, you will benefit from mentoring, networking, and leadership opportunities with peers, mentors, colleagues, and leaders in the field of aging.

This reception is held annually to honor current and new GSA fellows, as well as international members of the Society. Open to fellows and international attendees only.

This event brings together ESPO members and GSA fellows for the presentation of the Interdisciplinary Paper Award and Poster Awards. A networking reception will follow. ESPO members and GSA fellows are invited.

Join the Task Force on Minority Issues in Gerontology for its presentation of the Interdisciplinary Paper Award and Poster Awards. A networking reception will follow. ESPO members and GSA fellows are invited.

In partnership with the Health Sciences Section (to benefit the Doris Schwartz Gerontological Nursing Research Award and National Hartford Center of Gerontological Nursing Excellence), runners, joggers, and walkers of all skill levels are invited to participate in a fun-filled morning along Disney’s BoardWalk and around Crescent Lake for a close-up view of Epcot and the neighboring Disney resorts. Participants may sign up for this event using the meeting’s registration form.

Minority Issues in Gerontology Committee Concept Coffee is a networking event in the ESPO Lounge for international junior scholars and those interested in international aging research.

Visit www.geron.org/2015 for more information.
Study Provides Strong Link Between Inflammation, Delirium in Older Patients

Delirium is an acute state of confusion that often affects older adults following surgery or serious illness. Now a study led by researchers at Beth Israel Deaconess Medical Center (BIDMC) confirms that inflammation — an immune response that develops when the body attempts to protect itself from harmful stimuli — plays a role in the onset of delirium.

Published in The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, the new study found that older patients with delirium had significantly elevated levels of the inflammatory marker interleukin-6 (IL-6) two days after surgery and also identified elevated levels of interleukin 2 (IL-2) in delirious patients.

Together, these findings may help clinicians identify patients at greatest risk of developing delirium and aid in the treatment of this condition, which occurs in up to 64 percent of hospitalized seniors and is associated with a two- to three-fold increase in the subsequent development of dementia.

“Delirium complicates hospital stays for millions of elderly individuals in the United States each year,” said co-senior author Edward Marcantonio, MD, director of the Aging Research Program in the Division of General Medicine and Primary Care at BIDMC and professor of medicine at Harvard Medical School (HMS). “With strong evidence for the involvement of IL-6 and evidence for the involvement of IL-2 in patients with delirium, it appears that inflammation is indeed a basic mechanism underlying this condition.”

Anything that causes tissue injury — including infection or illness as well as surgery — can activate various immune cells and cause inflammation. “Delirium may be an inflammatory response gone awry,” said Marcantonio.

In this new work, BIDMC researchers and co-lead authors Sarinnapha M. Vasunilashorn, PhD, and Long Ngo, PhD, examined data from a patient cohort called SAGES (Successful Aging after Elective Surgery Study). This large study sponsored by the National Institute on Aging has been following 566 noncardiac surgical patients over the age of 70 for the past five years with the goal of finding new approaches to prevent delirium and its long-term consequences in older adults.

“In examining SAGES patients who had undergone major elective surgery, we compared patients who developed delirium with those who did not,” explained Vasunilashorn, a postdoctoral fellow in the Division of General Medicine and Primary Care at BIDMC and HMS. Surgery types included orthopedic, vascular and gastrointestinal procedures.

After adjusting for a number of factors — including age, gender, surgery type, baseline cognition, presence of a vascular comorbidity, and the presence of a genetic variant that has been associated with an increased risk of Alzheimer’s disease — the authors used a three-stage approach to examine the association between inflammatory cytokines and delirium.

They first created what they called a discovery cohort from a dataset of the first 272 SAGES participants, in which the matching procedure identified 39 matched pairs of delirium cases and no-delirium controls. Second, they considered the remaining SAGES study sample to identify 36 matched pairs of cases and controls, called the replication cohort. Third, they combined these two cohorts to create the pooled cohort, which contained 75 matched pairs.

The researchers measured cytokines in blood samples taken prior to surgery to establish a baseline figure. Additional measurements were then taken at three separate time points. “We looked at cytokine measurements taken immediately following surgery in the post anesthesia care unit, then again two days following surgery while the patient was still in the hospital, and finally, one month post-surgery,” said Vasunilashorn.

The researchers used a commercially available kit to assess 12 different inflammatory markers.

“Previous studies had used an older method to analyze patients’ inflammatory markers,” explained co-lead author George Kuchel, MD, a geriatrician at the University of Connecticut Health Center. “But this method can measure only one cytokine at a time. Inflammation is a complicated phenomenon, and we wanted a complete picture of what was taking place. We needed to simultaneously measure multiple cytokines in order to evaluate networks of inflammatory pathways.” Kuchel and his colleagues adapted and optimized a customized technique using a commercially available system to measure multiple cytokines from the same sample.

“The results showed that levels of IL-6 were significantly elevated in the delirium patients two days after surgery, said Vasunilashorn. “The magnitude of difference in levels of IL-6 between delirious and non-delirious patients was about 10 times the upper limit for normal levels in older adults.”

Moderate evidence for IL-2 was also reported: In the pooled cohort, delirious patients had higher levels of IL-2 at all four time points relative to non-delirious patients. “The role of IL-2 in delirium is a new finding and is particularly interesting since it was reported to induce blood-brain barrier dysfunction in animal models,” she added.

“Although we found IL-6 elevated significantly in the delirious patients two days after surgery, we did not find the elevation to be statistically significant at one month following surgery,” said co-lead author Ngo, biostatistician in the Division of General Medicine and Primary Care at BIDMC and associate professor of medicine at HMS. “Does the duration of the elevation relate to delirium severity or delirium persistence? This is a question we have yet to answer. However, by identifying a strong IL-6 signal, we have a good opportunity to study how this potential biomarker fits into the causal pathway of delirium.”
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Most prior research on inflammation and delirium has collected information at a single point in time. “Given the dynamic nature of the inflammatory response, our collection of blood at four separate points gives us a more complete picture,” explained Vasunilashorn. Additionally, because the first blood samples were collected preoperatively in patients undergoing scheduled major surgery, the measures represent a true baseline condition. “Previous studies examined patients undergoing hip-fracture repair or other urgent surgeries, in which initial blood samples were collected after a significant stressor had already occurred,” she added.

“Delirium is the most common complication among hospitalized elders,” said Marcantonio. “Once widely assumed to be a short-term, transient condition, there is now evidence that delirium and its effects can last long after patients have left the hospital. We want our patients to get better, not worse, after a hospitalization. Understanding the role that inflammation plays in the onset of delirium can help us identify patients who may be at highest risk of developing this condition, and take steps to reduce their risk. It can also help design new interventions to prevent or treat delirium.”

This study was supported by the following grants from the National Institute on Aging: T32AG023480, PO1AG031720, K07AG041835, R01AG030618, K24AG035075.

In addition to Vasunilashorn, Ngo, Marcantonio, and Kuchel, study coauthors included BIDMC investigators Towia Libermann, PhD, David Alsop, PhD, and Jamey Guess, MS; Sharon K. Inouye, MD, MPH, of BIDMC and Hebrew SeniorLife; Richard N. Jones, DSc, of Hebrew SeniorLife and Brown University; Sandra Jastrzebski of the University of Connecticut Health Center; and Janet E. McElhaney, MD, of Advanced Medical Research Institute of Canada.

Continued from page 10 – Study Provides Strong Link Between Inflammation, Delirium

More than 600 different OTC and prescription products contain acetaminophen, with Americans purchasing 28 million doses of products containing acetaminophen in 2005 alone. According to the new publication, acetaminophen overdose is especially important to consider for older adults, who may already be at increased risk of liver problems related to aging, chronic illness, and toxicity from other medications.

“We believe that this issue in our From Policy to Practice series will assist you in better understanding the complex interplay between policy and care for older adults with pain, who are often vulnerable and in need of multifaceted interventions and assistance,” stated GSA Social Research, Policy, and Practice Section Chair Barbara Berkman, DSW/PhD, writing in a letter that accompanied the mailed version of the publication.

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to both inform their practice and advance broad public health awareness of the benefits and harms of both prescription and over-the-counter medications.”

Acetaminophen is widely used in prescription and over-the-counter (OTC) medications for relieving pain and reducing fever. In 2011, in an attempt to lower the number of unintentional overdose cases involving acetaminophen, the FDA moved to decrease the amount of acetaminophen in prescription drugs. New regulations that went into effect in 2014 decreased the maximum amount of acetaminophen allowed in prescription products from 500 mg to 325 mg. The new regulations did not include OTC products, many of which still contain 500 mg or more of acetaminophen.

The National Hartford Center of Gerontological Nursing Excellence (NHCGNE), located at The Gerontological Society of America, has named Mary O. Whipple, BSN, RN, PHN, CCRP, as the 2015-2017 recipient of the NHCGNE Patricia G. Archbold Scholar Award.

This distinguished honor will support Whipple’s doctoral training and propel her career in academic gerontological nursing. She is currently a doctoral student (BSN–PhD) at the University of Minnesota School of Nursing, a founding NHCGNE member institution. Whipple’s primary mentor is Diane J. Treat-Jacobson, PhD, RN, FAAN.

Since 2000, the NHCGNE has had the generous backing of the John A. Hartford Foundation, with additional support from The Atlantic Philanthropies and the Mayday Fund. These partners have invested over $80 million in national efforts to build academic gerontological nursing capacity through their support. The initiative has supported 280 predoctoral and postdoctoral nursing scholars and fellows who have stimulated excitement about the field among nursing students and practicing nurses. They are among outstanding leaders who will shape future care for older persons.

NHCGNE Executive Director J Taylor Harden, PhD, RN, FAAN, offered her congratulations to Whipple, Treat-Jacobson, and University of Minnesota School of Nursing Dean Connie White Delaney, PhD, RN, FAAN, FACMI.

“The NHCGNE is delighted that Mary is a part of gerontological nursing and improving the health of older Americans,” Harden said. “Mary represents the hopes and dreams of many gerontological nurses as well as the hopes of John A. Hartford and George L. Hartford, founders of the John A. Hartford Foundation, who said, ‘it is necessary to carve from the vast spectrum of human needs one small band that the heart and mind together tell you is the area in which you can make your best contribution.’”
Federal Program Enables Workforce Education
Through the National Institute of Health's Research Education Program, the National Institute on Aging seeks to support educational activities that complement and/or enhance the training of a workforce to meet the nation's biomedical, behavioral, and clinical research needs in interdisciplinary areas of science relevant to behavioral and social research on aging. To accomplish this goal, a new funding opportunity will support creative educational activities with a primary focus on courses for skills development aimed at enhancing the development of interdisciplinary scientists and of common languages and sharing of tools and analytic approaches across disciplines. Applications that propose to integrate education in economics, neuroscience, and/or genetics with psychology, demography, or sociology are particularly encouraged. This opportunity will support short-term education programs such as intensive summer institutes and advanced workshops on methodology. Applications may propose courses for skills development at the following levels of professional career development: medical/graduate student, postdoctoral fellow, medical resident, and/or independent scientist. Priority areas of focus are: genetics/genomics methodologies for the behavioral and social sciences; neuroeconomics and social neuroscience; developing partnerships for research in private-sector settings, cross-training in economics and psychology. Applications are due October 7. For details, visit 1.usa.gov/1GHWZKU.

BRAIN Initiative Results in NIH Grants
Under the federal Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative, The National Institutes of Health (NIH) and several of its participating agencies are soliciting new theories, computational models, and statistical methods to derive understanding of brain function from complex neuroscience data. Approaches could include the creation of new theories, ideas, and conceptual frameworks to organize/unify data and infer general principles of brain function; new computational models to develop testable hypotheses and design/drive experiments; and new mathematical and statistical methods to support or refute a stated hypothesis about brain function, and/or assist in detecting features in complex brain data. It is expected that the approaches developed under this funding opportunity will be made widely available to the neuroscience research community for their use and modification. Applications are due October 21. See more at 1.usa.gov/1PxWCzV.

NIA Funds Slated for Twin Studies Collaboration
A new funding opportunity from the National Institute on Aging (NIA) is intended to accelerate progress in behavioral genomics and aging via the establishment of a twin-epigenomic network that will facilitate collaboration between existing twin studies of aging, including work on the harmonization of phenotypes and (epi)genotype collection procedures, as well as the development of statistical methods for the analysis and meta-analysis of data sets including genomic, epigenomic, gene expression, and behavioral phenotypic data. Twin research supported by the NIA has transformed scientists' understanding of behavior over the lifespan and allowed them to study the interplay of genetic and environmental factors that affect how humans age (e.g., lifestyle factors, socio-economic status, social engagement), age-related changes in behavior (e.g., cognition, personality), and behavioral concomitants of healthy aging (e.g., well-being), using primarily a quantitative genetic approach. Letters of intent are due December 14 and applications are due January 14, 2016. Visit 1.usa.gov/1Mw6x8n for details.

NIA Offers Network Support to Develop Behavioral, Social Research
The National Institute of Aging (NIA) has issued a funding opportunity announcement to provide infrastructure support for advancing development of specific high priority areas of behavioral and social research of relevance to aging. The infrastructure support will facilitate research networks through meetings, conferences, small scale pilots, educational opportunities, and dissemination to encourage growth and development of specified priority areas and of broad community resources for advancing research in the field. Network applications are limited to the following areas: the measurement of biological risk in population aging studies, decision neuroscience and aging, and the harmonization of cross-national longitudinal aging studies to the U.S. Health and Retirement Study. Letters of intent are due December 14 and applications are due January 14, 2016. For additional detail, see 1.usa.gov/1UeluFk.

Purdue Pharma Will Support Research on Chronic Pain
Purdue Pharma L.P. has announced two requests for proposals, with applications due October 31. The first is for research involving the assessment of a transdermal chronic pain medication in various clinical settings. Purdue is looking for proposals that address evaluations of the efficacy, safety, and tolerability of a transdermal chronic pain medication in the older adult population; methods to prevent and/or manage skin reactions associated with a transdermal pain medication; or evaluations of co-administering a transdermal pain medication with non-steroidal anti-inflammatory medications in patients with uncontrolled pain on the non-steroidal anti-inflammatory medication alone. The second is for research involving the development of a clinically relevant/useful measure for the assessment of chronic pain. More details can be obtained at bit.ly/1LhYNuV or by emailing iitprogram@pharma.com.
Older Prisoners on the Rise in Japan
According to Bloomberg Business, Japan has one of the highest proportions of older prisoners, who often are uncomfortable with life outside the prison system. Crimes committed by older adults have quadrupled over the past twenty years and nearly 20 percent of Japanese convicts are over the age of 60 years. The article indicated that although Japan is one of the most law-abiding countries, the country is seeing its prisons turn into virtual nursing homes. The older adults are found to recycle in and out of the system due to the lack of family and financial support, while the government-subsidized life in prison can provide food and shelter. In addition to sentencing guidelines in Japan for repeat offenders of petty crimes, the provision of prison health-care is driving prison expenses due to the growing number of older inmates. According to this article, many inmates were found to suffer from at least one health complaint in 2012, which has led to prison guards taking on nursing responsibilities.

Taiwanese Delaying Start of Retirement Savings
According to the Focus Taiwan News Channel, residents of Taiwan on average wait until they are 36.6 years old to begin to planning for retirement, and 22 percent do not start until in their 40s, as reported in a recent survey conducted by Manulife Asset Management. This research found that 66 percent of investors save money for their retirement and allocate 20 percent of their current income for that purpose. Yet only 30 percent of Taiwanese citizens have any retirement plans apart from obtaining a pension from the government fund, according to the poll. Overall, more than two thirds said they are confident about their post-retirement financial situation, thinking that their savings will be enough to support them. The survey also found that the country’s citizens are expecting 20 percent of their income to come from full-time or part-time jobs as they reach the age when they will be eligible for retirement.

Skin Health Initiative Launched at China Meeting
At the 2015 Shenyang Active Ageing Summit held in July, Nestlé Skin Health detailed its plan to open a global network of SHIELD (Skin Health Investigation, Education and Longevity Development) centers to meet skin health challenges that result from 21st century longevity. The network is intended to foster breakthroughs and collaboration in skin health through medical investigation, education, and applications related to the convergence of technologies and bio-informatics. The first SHIELD center will be in New York City, and the second will open in Shanghai in the first quarter of 2016 with 10 other locations planned in the future.
Ohio State Debuts Aging-Themed Website
The Office of Geriatrics and Gerontology at The Ohio State University (OSU) has recently released a new website, Aging Connections, at aging.osu.edu. This resource is a virtual “hub” for those at OSU who wish to learn about the broad array of aging opportunities on campus and build collaborations around aging with other faculty, staff, and students at OSU.

Malta Introduces Aging-Related Diploma Program
The University of Malta’s Gerontology Unit will be offering a Higher Diploma in Gerontology and Geriatrics beginning in October. This program is for students who have completed their higher education and are looking to expand their knowledge of gerontology and geriatrics. The program provides a broadly based, professional, multi-disciplinary perspective on aging and later life, while also disseminating knowledge and skills related to clinical and practical interventions with older persons. It includes modules on the sociology of aging, the psychology of later life, medical and biological aspects of aging, income security and pension systems in old age, food and nutritional requirement of older persons, social and medical rehabilitation programs, family dynamics in later life, and informal, community, and nursing services to persons experiencing physical and cognitive limitations. For more information, visit um.edu.mt/socialwellbeing/gerontology.

Northeastern State to Offer Gerontology Certificate
Starting in September, Northeastern State University will offer a new online gerontology certificate program. It is the only certificate-based program for gerontology offered by a university in Oklahoma, and will consist of 10 classes spanning 24 weeks of study. The certificate is available to anyone with a high school diploma or equivalent, or a higher education degree. The program is designed for those who are currently employed in or new to the field of gerontology. The 10-course curriculum will provide instruction on a range of topics. There will be an overview of the issues with aging, including cultural implications, healthy aging, economics and aging, the impact of legislative mandates, transgenerational families, living environments and wellness, estate planning, and elderly abuse. For information, visit nsuok.edu.

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Application Procedure: Review of applications will begin immediately upon receipt. Interested candidates should submit:

1. A detailed letter of application responding to the stated qualifications;
2. A curriculum vitae; and
3. A list of three professional references with complete contact information. (References will not be contacted without the candidate’s prior permission.) Materials should be submitted electronically to: Ms. Mary-Alice Howard, Director, Human Resources, at Mary-Alice_Howard@williamjames.edu.

Important Notice: William James College is an equal opportunity employer and is a community that embraces multiculturalism. As such, persons from historically under-represented minority groups are encouraged to apply.
September 2015
printed in the U.S.

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For the first time, the Walt Disney World Swan and Dolphin will host GSA’s Annual Scientific Meeting. Known for its prime location, the hotel is conveniently located within walking distance of two theme parks, more than 40 restaurants, Disney’s BoardWalk, and much more. Join us this November in beautiful Orlando, Florida!

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