Toolkit Kickstarts Cognitive Impairment Conversations

GSA equipped health care providers at a recent summit with a new toolkit to aid them in detecting cognitive impairment and diagnosing dementia as soon as possible.

The toolkit is based on the KAER model, first introduced in a 2015 report from GSA’s Workgroup on Cognitive Impairment Detection and Earlier Diagnosis. The acronym is derived from a four-step process:

- **Kickstart the cognition conversation**
- **Assess if symptomatic**
- **Evaluate with full diagnostic workup if cognitive impairment detected**
- **Refer to community resources and clinical trials, depending on the diagnosis**

GSA convened the National Summit on Cognitive Impairment Detection and Earlier Diagnosis in Alexandria, Virginia, on August 4 and 5. Attendees included more than 40 physicians and other health care providers in health care systems and private practice.

The summit and toolkit were supported by Eli Lilly and Company and the American Medical Group Association. They were designed to aid professionals who are committed to more widespread use of evidence-based cognitive assessment tools, improving health outcomes for patients with dementia and their families, and decreasing the costs of undiagnosed cognitive impairment.

“Our intent in presenting the KAER framework and process was to make it clear that many older adults living with the daily challenges of cognitive impairment and their...”

Scientists Aim to Mitigate Aging’s Role in Chronic Disease

Members of the Geroscience Network have published six new articles in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* — manuscripts that map strategies for taking new drugs that target processes underlying aging into clinical trials. The researchers believe that these agents hold promise for treating multiple age-related diseases and disabilities.

The Geroscience Network was formed by three GSA members: James Kirkland, MD, PhD, director of the Mayo Clinic Robert and Arlene Kogod Center on Aging; Steve Austad, PhD, a distinguished professor and chair of the Department of Biology at the University of Alabama at Birmingham; and Nir Barzilai, MD, director of the Institute for Aging Research at the Albert Einstein College of Medicine. It consists of 18 academic aging centers, along with the participation of more than 100 investigators from across the U.S. and Europe. The network is funded by the National Institutes of Health.

“Aging is the largest risk factor for most chronic diseases, including stroke, heart disease, cancer, dementias, osteoporosis, arthritis, diabetes, metabolic syndrome, blindness and frailty,” said Kirkland, an author on five of the papers. “Recent research suggests that aging may actually be a modifiable risk factor. The goal of our network’s collaborative efforts is to accelerate the pace of discovery in developing interventions to delay, prevent, or treat these conditions as a group, instead of one at a time.”

GSA member Felipe Sierra, PhD, director of the Division of Aging Biology at the National Institute on Aging and a member of the Geroscience Network, described the potential impact of aging discoveries in his opening editorial, “Moving Geroscience into Uncharted Waters.”

“In addition to the direct health issues, it has been calculated that care for the elderly currently accounts for 43 percent of the total health care spending in the US, or approximately $1 trillion a year, and this number is expected to rise as...”
From the Executive Director

Developing New “Champions” an Important Part of GSA’s Role

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

GSA is in the business of creating champions — helping members take leadership roles inside their organizations and the aging field. As you read on the front page, our newest program will help support champions who work to promote cognitive impairment detection and earlier diagnosis of dementia. More than 40 health care providers participated in our August summit on the topic.

Of course, GSA has always been a home for champions, as nearly all of our members are passionate advocates for improving the lives of people as they age. The Society has provided venues — in journals, conferences, and advocacy initiatives — to support champions for more than 70 years now. But recently GSA has also begun to directly provide the tools that equip professionals to effect change at their practice sites, inside their organizations, and throughout their health systems.

To put it another way, GSA is in the business of bringing the extraordinary expertise of our multidisciplinary membership to bear on the challenges facing aging and older adults. During the past several years, GSA has worked to make sure that the Society excels as a convener, a connector, a collaborator, and a communicator among various stakeholders in the Gerontological “ecosystem.” And at the heart of each of our projects is evidence-based research founded on the multidisciplinary expertise of GSA’s 5,500 members.

For example, GSA member and current visiting scholar Katie Maslow, MSW, was instrumental in developing the KAER (Kickstart, Assess, Evaluate, Refer) Toolkit that empowers champions in the arena of cognitive impairment detection. The toolkit is based on a process that resulted from the dedicated efforts of GSA’s Workgroup on Cognitive Impairment Detection and Earlier Diagnosis, which is chaired by GSA Fellow Richard Fortinsky, PhD. The health care providers that use the toolkit will ultimately improve health outcomes for patients and their families, help patients get connected to local resources, and decrease costs associated with undiagnosed cognitive impairment.

GSA has similarly utilized the expertise of its members through the Immunization Champions, Advocates, and Mentors Program (I-CAMP), an extension of our long-running National Adult Vaccination Program. In the past year, the Society has conducted five I-CAMP Academies, which welcomed more than 200 champions from a variety of health care settings representing many disciplines. These events engaged organizations that are committed to improving health and wellness through vaccines in a training program, followed by a practice-based research effort to identify practice improvements. I-CAMP assists provider champions in integrating proven, reputable tools and resources to support efforts to immunize their patients.

I’m immensely excited that through these programs the expertise of GSA members will impact hundreds of thousands of lives in new, beneficial ways. Becoming a champion doesn’t always have to involve a formal process and doesn’t mean you have to implement every step of new intervention models. In the KAER model’s “K” component, kickstarting the conversation can consist of discussions meant to increase awareness among the older adult population about the importance of brain health. Just taking on this role — becoming an advocate for proactive patient dialogs on brain health — can have an important impact.

And on a more topical note, flu season is nearly upon us. Individuals across all disciplines and in all settings can be champions in improving immunization rates among older adults by simply asking an aging adult, “Have you gotten your flu shot?” “Have you?”

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

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

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New Books by Members


• “Eat to Cheat Dementia: What You Eat Helps Avoid It or Live Better with It,” by Ngaire Hobbins, BS, MSN. Published by Ngaire Hobbins, 2016.

Members in the News

• USA Today interviewed Mary Naylor, PhD, RN for an article published on July 9. The piece, titled “Gaps in Care Persist during Transition from Hospital to Home,” discussed the potential pitfalls and errors during this event.

• Todd Goldberg, MD, was interviewed by MPR News on July 3 for an article titled “Few Young Doctors Training to Care for Elderly.” The piece highlighted the national issue of the shortage of a trained workforce to care for the older adult population.

• Vancouver’s News 1130 quoted GSA Fellow Gloria Gutman, PhD, in an article titled “Too Many Seniors Are Being Overprescribed Meds,” published on June 23. The piece outlined how doctors who overprescribe costs the Canadian health care system $2 billion per year.

• The U.S. Administration on Aging’s blog highlighted Penelope Shaw, PhD as a trailblazer for Older Americans Month in May. Shaw is a disability advocate and a member of the Massachusetts Advocates for Nursing Home Reform Board.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Kathryn Kietzman, MSW, PhD

The recipient, who became eligible after referring new member Oliver Kim, JD, 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: Stephanie Robinson, MA

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

George Inducted into Duke Alumni Society

Former GSA President Linda George, PhD, was one of three inaugural inductees into the Duke Graduate School Few-Glasson Alumni Society. The society recognizes graduates of the school who have distinguished themselves through their career accomplishments, the potential of their current endeavors, or their support for graduate students and graduate education at Duke. George is the arts and sciences professor of sociology at Duke with secondary appointments in the Department of Psychology and Neurosciences, the Department of Psychiatry and Behavioral Sciences, and the School of Nursing. She began her 40-plus-year career at Duke in 1975, and accumulated more than $3 million in research funding by 2008. George’s research focuses on health disparities and studying health and wellbeing in later life as well as mental illness at all ages. She has published five books and her works have been cited more than 35,000 times.

Chapin Earns Social Policy Distinction

GSA Fellow Rosemary Chapin, MSW, PhD, was recognized as a pioneer in the field of social work policy practice at the national Influencing Social Policy Conference. Chapin is a renowned educator and leader in applied research to improve practice and policy with older adults and people with disabilities. She is the founding director of the Center for Research on Aging and Disability Options at the University of Kansas School of Social Welfare and author of the widely used social work text “Social Policy for Effective Practice: A Strengths Approach,” soon to be released in its fourth edition.

NASW Foundation Recognizes Ditzion

The National Association of Social Workers Foundation has bestowed Joan Ditzion, MSW, with the Knee/Wittman Lifetime Achievement Award. Ditzion is an original founder of Our Bodies Ourselves, and co-author of all nine editions of “Our Bodies, Ourselves,” as well as “Ourselves and Our Children” and “Our Bodies, Ourselves: Menopause.” The Library of Congress named “Our Bodies, Ourselves” as one of 88 books that “shaped America” and, as of 2015, the books have been adapted into 30 languages. Ditzion has served on the Our Bodies Ourselves Board of Directors as a founder and member and is now an ex-officio board member and liaison to the Our Bodies Ourselves Founders Group.

GSA Connect Corner

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

• Tara Gruenewald, MPH, PhD: “Discover what’s new in aging at the 2016 Annual Scientific Meeting! I invite you to register for the meeting today and then join the Annual Scientific Meeting Community.”

• Heidi Moyer, BS: “I was thinking of proposing a sub interest group within the Health Sciences Section specifically for physical therapy issues and wanted to get your feedback on this matter.”
Election, Caregiving Topics Feature Prominently in GSA’s 2016 Policy Series

New Orleans: the place where poker and craps were invented, the term “Uncle Sam” was coined, and voodoo was practiced as an established religion. For those of you who think the electoral system is a crapshoot, that Uncle Sam needs a makeover, and that our fiscal policy veers too often toward voodoo economics, GSA’s Policy Series at the Annual Scientific Meeting will be of interest to you.

This collection of sessions will serve up a spicy mixture of politics, policy analysis, and provocative conversation. The sessions will include late breaking news and analysis regarding the November elections, the National Academy of Medicine study on family caregiving for older adults, and what is next on long-term care financing reform. These seven symposia will take place in room Galerie 2 at the New Orleans Marriott and will showcase the key policy issues generated by the aging of U.S. society.

Look for our Policy Series flyer when you pick up your badge and materials at the GSA registration desk in New Orleans. Support for these sessions has been provided by AGE UK.

“Part One: National Academies of Sciences, Engineering and Medicine’s Study on Family Caregiving for Older Adults: Findings, Recommendations, and Next Steps”
Thursday, November 17, 8:30 to 10 a.m.
Chair: Brian Lindberg, GSA Public Policy Advisor
The National Academies of Sciences, Engineering and Medicine recently released a report on family caregiving for older adults, with recommendations for public and private sector policies to support the capacity of family caregivers to perform critical caregiving tasks, to minimize the barriers that family caregivers encounter in trying to meet the needs of older adults, and to improve the health care and long term services and supports provided to care recipients.
This session will highlight the findings, recommendations, and next steps related to this report. Participants will gain a broader contextual understanding of the report as well as the next steps related to the implementation of the recommendations. Speakers will include report committee participants and experts in the field.

“Aging and Health: A Post-Election Analysis”
Thursday, November 17, 1:30 to 3 p.m.
Chair: Brian Lindberg, GSA Public Policy Advisor
With the presidential and congressional election results fresh in our minds (possibly for decades to come), this panel will look at potential ramifications for aging and health policy. As advocates prepare to submit policy analyses and proposals to the new administration’s transition team, the speakers for this session will address how the new administration and Congress should and will likely address issues of economic security, long-term supports and services, Social Security and Medicare, and other policies and programs serving older Americans. Key changes in Congress, the administration, and congressional committees will also be identified and explained. Presenters will include Washington, D.C., insiders and policy experts, including Bob Blancato, Andrew MacPherson, and Larry Atkins.

“Reframing Aging: What Communications Approach Works?”
Thursday, November 17, 3:30 to 5 p.m.
Chair: Laura Robbins, Principal, Laura A. Robbins Consulting, LLC
This presentation describes results from a collaborative project involving GSA and seven other U.S.-based aging-focused organizations that seeks to develop a new, evidence-based narrative about the aging process and older adults’ roles and contributions in American society. The FrameWorks Institute, the project’s research partner, found in preliminary work that the American public has a decidedly negative and deterministic view of aging, as well as an overall fatalism about society’s collective ability to find solutions to the challenges of an aging population. This presentation will discuss how the project developed and tested alternative ways to frame conversations about aging and older adults. The project found that alternative framing generated more balanced thinking about aging, which resulted in greater understanding of older adults’ needs, and support for policies and programs designed to address those needs. In addition to GSA, the reframing aging project coalition includes AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, Grantmakers in Aging, the National Council on Aging, and the National Hispanic Council on Aging. Speakers will include Julie Sweetland, the vice president for strategy and innovation at the FrameWorks Institute.

“Action in the States: Long-Term Services and Supports Reform Moving Forward”
Friday, November 18, 8 to 9:30 a.m.
Chair: Brian Lindberg, GSA Public Policy Advisor
This session will be moderated by John Cutler, a senior fellow at the National Academy of Social Insurance and a leading expert in long-term care/long-term services and supports (LTC/LTSS) reform. Speakers will represent three major efforts in state-based LTSS: LaRhae Knatterud, director of Aging Transformation within the Minnesota Department of Human Services, will report on various Minnesota LTC/LTSS initiatives. This includes active proposals to
add home care to Medicare and alter the way life insurance is used to finance LTC and the state’s Own Your Future campaign. Aaron Tripp, director of LeadingAge’s Department of Long-Term Care Policy and Analytics, will talk about the 2016 Pathways Report and the various state initiatives in which Leading Age is involved. Larry Atkins, executive director of the Long-Term Quality Alliance, will discuss the alliance’s study on LTSS integration, which involved ten case studies of exemplary integrated programs around the country.

“Part Two: National Academies of Sciences, Engineering and Medicine’s Study on Family Caregiving for Older Adults: Digging Deeper”  
Friday, November 18, 8 to 10 a.m. (Note different room: Balcony 1, Marriott)  
Chair: Brian Lindberg, GSA Public Policy Advisor  
The National Academies of Sciences, Engineering and Medicine recently released a report on family caregiving for older adults, with recommendations for public and private sector policies to support the capacity of family caregivers to perform critical caregiving tasks, to minimize the barriers that family caregivers encounter in trying to meet the needs of older adults, and to improve the health care and long term services and supports provided to care recipients. This second session on the topic will explore (in more detail and with audience participation) policy and advocacy opportunities related to several report topics such as family caregivers, the eldercare workforce, and minority population caregiving. Speakers will include report committee participants and experts in the field.

Economics of Aging Special Interest Group Session:  
“Widening Economic Inequality, Cumulative Advantage and Late-Life Outcomes: Trends and Policy Options”  
Friday, November 18, 2:30 to 4 p.m.  
Chair: Christine Bishop, Professor of Labor Economics, Brandeis University  
The concentration of income and wealth at the top of our income distribution is attracting increasing concern. This symposium will focus on income and wealth inequalities among current and future older adults. In the U.S., late-life economic well-being reflects the cumulative effects of life chances and choices as they interact with institutional structures. Outcomes evolve from health and economic status at birth through educational attainment, marital trajectory, labor market outcomes, and own/family health. Social insurance programs buffer cumulative disadvantage but still leave substantial disparities, especially because those with lower lifetime incomes face poorer health and survival. The first presentation documents the rising economic inequality among older adults. Diverging trends in lifetime accumulation by race and ethnicity, by educational attainment, by age cohort, and by family status together create the wealth dispersion observed at older ages and portend increasing late-life inequality in coming years. The second presentation examines how episodes of illness and disability can create dramatic impacts on the wealth of older adults. When costs of disability-related services and personal health spending are considered, estimates reveal Medicare’s limitations in buffering health shocks to wealth for older adults and their survivors. The third presentation develops predictions of future late-life inequality and considers impacts of current and proposed public programs, such as Social Security, Medicaid, Medicare, and others on within-cohort income inequality. Proposed social insurance options would affect distribution as well as cohort levels of lifetime wealth. Presenters include Edward Wolff, Richard Johnson, Stephen Crystal, Dennis Shea, and Adriana Reyes.

“The Politics of Aging and the 2016 Elections”  
Friday, November 18, 4:30 to 6 p.m.  
Chair: Larry Polivka, Executive Director, Claude Pepper Center, Florida State University  
Does the rapidly growing electorate over age 65 represent a monolithic voting bloc? Whether or not this cohort will eventually coalesce in support of an aging-oriented policy agenda is a subject of growing debate. Presenters in this symposium will address several different dimensions of aging politics in the U.S. Martha Holstein will present a paper on the relationship between age and gender and their impact on electoral results and political outcomes. Larry Polivka will discuss the political economy of aging and the growing conflict between a deeply entrenched neoliberal economic policy agenda and the aging-based social welfare system in the U.S. Robyn Stone will analyze the 2016 elections in terms of the role of health and long term care policy issues, the treatment of these issues in the campaigns, and the impact of election results on the trajectory of health and long term care policy over the next several years. Bob Blancato and Eric Kingson will be discussants for this session and will identify some common trends emerging from the presentations, briefly discuss interactions among them, and identify the policy debates and political divisions most likely to shape aging policy outcomes over the next several years.

“Congressional Update”  
Saturday, November 19, 8 to 9:30 a.m.  
Chair: Brian Lindberg, GSA Public Policy Advisor  
This popular annual session will provide cutting-edge information on what the 114th Congress did and did not accomplish, and what may be left for the lame duck session to address. Speakers will discuss key issues such as Social Security, Medicare, Medicaid, and the Older Americans Act. Predictions for the 115th Congress will abound. Feel free to come and add your challenges and prophecies to the list. Hill staffers from the Senate Special Committee on Aging, House Energy and Commerce Committee, Senate Finance Committee, and Senate Health, Education, Labor, and Pensions Committee have been invited to present.
Continued from page 1 – Toolkit Kickstarts Cognitive Impairment Conversations

families experience a common journey from initial awareness of symptoms through use of health and social services in a variety of care settings as symptoms progress and cognitive capacity declines,” said Richard Fortinsky, PhD, chair of the GSA workgroup.

The KAER Toolkit considers the perspectives of the person with dementia, the family caregiver, and the primary care providers throughout the process of cognitive impairment detection, diagnosis, and post-diagnosis referrals.

“Knowing that most older adults have a primary care physician and often visit them several times per year, we directed the KAER process to that primary audience to raise their awareness of the need to begin discussing the importance of brain health for all older patients — even those with no symptoms or concerns about memory problems or other cognitive changes,” Fortinsky said. “And assessing cognitive symptoms using evidence-based assessment tools, evaluating those older adults with clearly significant symptoms to arrive at a careful diagnosis, and referring these patients and their families to the rapidly growing number of dementia-capable services in the community — all are part of this process where primary care physicians could greatly help these patients and families.”

Workgroup member and GSA visiting scholar Katie Maslow, MSW, oversaw the development of the toolkit with review and input from the workgroup. It contains an array of policy-driven and evidence-based tools. In general, they can be adapted by primary care providers (PCPs), health plans, and health care systems to fit their existing primary care structure, organization, and procedures.

“In creating the toolkit, we tried to provide a choice of tools whenever possible,” Maslow said. “One reason for that is that some PCPs may already be using a tool for the particular purpose; for example, a brief cognitive assessment instrument. Another reason is that PCPs practice in a wide array of settings, including single PCP offices, physician group practices, and large, multi-provider healthcare systems. Particular tools may fit better with particular primary care practice settings.”

Available data show that cognitive impairment is severely under-detected in the U.S. On average, only about half of people with dementia have a diagnosis of the condition in their medical record, according to Maslow, who added that the proportion varies a lot among practice settings.

The GSA workgroup’s efforts coincide with numerous national policy-related and scientific initiatives in the area of Alzheimer’s disease and other dementia. These include: increased monitoring of the uptake of the Medicare Annual Wellness Visit by the Centers for Medicare and Medicaid Services, which includes the requirement that cognitive impairment be assessed; the focused involvement of the Centers for Disease Control and Prevention on promotion of brain health and raised awareness of mid and later life risk factors associated with development of cognitive impairment; and development of milestones to address the numerous goals and objectives regarding care and support services in the National Alzheimer’s Plan Act (NAPA), which include improved detection, diagnosis, and management of cognitive impairment, and diagnosed Alzheimer’s disease and other types of dementia.

CMS Revises Nursing Home Ratings System
The Centers for Medicare & Medicaid Services (CMS) has updated the popular Nursing Home Compare Five-Star Quality Ratings to incorporate new measures, which look at successful discharges, emergency visits, and re-hospitalizations, and complement other nursing home measures previously announced in April. Nursing Home Compare is the agency’s public information website that provides information on how well Medicare and Medicaid certified nursing homes provide care to their residents. The facilities receive four different star ratings on the website: one for each of the components — health inspections, staffing, and quality measures — and one for an overall rating, which is calculated by combining each of the three component star ratings. For more information, visit go.cms.gov/2aMmnWb.

CDC Unveils Online Data Resource
The U.S. Centers for Disease Control and Prevention (CDC) has launched a new Healthy Aging Data Portal. It offers users easy access to CDC data on key indicators of health and well-being for older adults, including overall physical health, nutrition/physical activity/obesity, screenings and vaccines, smoking and alcohol use, mental health, and cognitive health. Public health professionals and policymakers can readily attain national, regional, and state data about chronic diseases and risk factors that have a substantial impact on public health. The portal supports custom reports and visualizations, data downloads, and much more. To access the Healthy Aging Data Portal, go to www.cdc.gov/aging/agingdata/index.html.
Older adults are the largest consumers of health care in the U.S. and their numbers are growing. According to the U.S. Census Bureau, they are defined as persons who are those individuals 65 years of age or older. This population will more than double between now and 2050. Individuals reaching the age of 65 can anticipate living another 17 years. As a result, the specialty of gerontological nursing is more important than ever.

Nursing faculty are faced with the challenge of educating the next generation of nurses to care for this ever growing population. In fact, in 2001, researchers Deirdre Thornlow and colleagues cite that the American Association of Colleges of Nursing awarded monies to schools of nursing across the country to support their efforts to improve their schools’ gerontological nursing curricula. The question is: how do educators accomplish this challenging task?

First and most importantly for the nurse educator, is to recognize the demographics of his/her classroom. For 2016, most students in baccalaureate nursing programs are identified as millennials. Richard Fry, a senior researcher at the Pew Research Center, describes millennial boomers as the demographic population between generations x and y, typically representative of adults born between 1980s and early 2000s, and now numbering 75.4 million people. Their childhood has been shaped by technology; therefore, it seems logical to incorporate educational tools used daily by this population into the curriculum. Geriatric nurse educators need to take advantage of technology to engage these learners. As a nurse educator, it is up to us to exude the enthusiasm and passion for course content, but we also need to be cognizant of the best tools to foster the learning style for these students. The use of an andragogic approach to integrating technology into classroom instruction, where the instructor is the facilitator and the students are engaged learners, will prove successful for the classroom comprised of millennial students.

Short audiocasts and videos allow students to use technology to learn. Done prior to class, they help generate discussions in lecture and invite dialogue between students and the instructor. Guest speakers, role playing, case studies, movies depicting the older adult and the use of simulation all stimulate and engage. Online chat rooms and discussion boards encourage participation of the more reserved millennial. Another important aspect for the millennial nursing student is their role in the community. Select community partnerships that provide opportunities for hands-on experiences for nursing students to interact with both the active older adult, and the senior with more complex needs. Examples include religious centers, retirement communities, long term care facilities, veterans’ homes, local home health agencies, and elder outpatient clinics. All will provide students a greater appreciation of the needs of this population.

Integration of experiential learning through the use of simulation engages the millennial nursing student raised on technology. Linda Johanson, writing in the journal Nurse Educator in 2012, found that millennials work well in groups but typically struggle with prioritization and conflict resolution. Structured simulation scenarios assist the millennial to develop critical thinking skills through assessment, analysis, and reflection. Simulation provides a safe environment for skill development, engaging millennials in teamwork while providing the immediate feedback they desire. The debriefing session allows for reflection along with individual and group feedback.

The gerontology nursing course may be taught from two perspectives — as a stand-alone course, or within an established course. A stand-alone course stresses the importance of its ideology, and permits the faculty and students to focus on one specific population, while a combined curriculum allows the nurse educator to expand upon learning through incorporating different aspects of various courses. For example, in a pharmacology course, the instructor can provide a focus of common medications used by the older population. A discussion of wound care could include abrasions and lacerations common to the geriatric client. Whether the former or later choice of presentation is chosen, it is important to build upon the principles learned in each nursing course and reinforce them toward the older adult. Perhaps the answer is a blend of courses — a stand-alone course and an infusion of geriatric content among other courses. Both will then demonstrate that the care of older adults is foundational to nursing and will help make the specialty of gerontology an interactive, positive experience one for millennial nursing students.
Meeting Agenda Features
Ample Networking Activities

Numerous sessions that demonstrate GSA’s networking potential are slated for the 2016 Annual Scientific Meeting in New Orleans, Louisiana. Visit www.geron.org/2016 to view the full program schedule.

Gerontologists Giving Back Service Event
Wednesday, November 16 • 7:30 a.m. to 3 p.m.
The Society will once again be working with the St. Bernard Project, a community-based, nonprofit organization headquartered in St. Bernard Parish, Louisiana, which suffered catastrophic damage in hurricanes Katrina and Rita. Located approximately 10 miles from the conference headquarters, teams of volunteers will literally help rebuild family homes in St. Bernard. Volunteers with all skill levels are encouraged to participate. Participants may sign up using the meeting’s registration form. This event is supported by IMPAQ International, LLC.

ESPO Pre-Conference Workshop: Tools for Building a Solid Career in Gerontology
Wednesday, November 16 • 12:30 to 4:30 p.m.
The Pre-conference workshop, organized by the Emerging Scholar and Professional Organization (ESPO), is intended for students and emerging professionals who are looking to gain skills in various areas of professional development, including networking and mentoring, advanced research methodologies, selecting an ideal position, and building an interdisciplinary career in aging. This half-day workshop will offer a keynote speaker followed by three brief, interactive sessions on topics selected by members. The sessions are designed to be interactive in order to promote engagement of members between GSA’s four sections and across different career stages. GSA is offering a 50 percent discount to the first 20 individuals who register. Contact meetings@geron.org for more information.

ESPO Lounge
Thursday, November 17 • 7 a.m. to 7 p.m.
Friday, November 18 • 7 a.m. to 5 p.m.
Saturday, November 19 • 7 a.m. to 5 p.m.
The ESPO Lounge provides a place for GSA’s emerging scholars to rest from the hectic conference pace, network with fellow ESPO members, meet with colleagues, enjoy refreshments, and check e mail on the computers provided in the lounge. New this year: Stay tuned to GSA Connect for more information on informal breakfast and lunchtime chats on navigating your first Annual Scientific Meeting, successful networking, tips on the fellowship and job search, and building a research career.

Interest Group Meetings
Thursday, November 17 • 7 to 9 p.m.
Friday, November 18 • 7 to 8 a.m., 6:30 to 8 p.m.
Saturday, November 19 • 7:30 to 9 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.

GSA Fellows and International Reception
Thursday, November 17 • 7 to 9 p.m.
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.

ESPO Wine and Cheese Networking Reception
Thursday, November 17 • 7 to 8:30 p.m.

Humanities and the Arts Film — “You See Me”
Thursday, November 17 • 8 to 10 p.m. • Donation: $10
Filmmaker Linda Brown’s father embodied 1960s masculinity. But when a devastating stroke leaves him vulnerable and dependent, Linda decides to confront the silence surrounding his troubled and violent past. Drawing on home movies, family photos, and interviews, she reveals secrets, uncovers lies, and discovers a redeeming treasure in a lost family video. The result is an
engrossing journey about the danger of carrying unresolved grief to our graves. “You See Me” is a brave, inspiring, and empowering film that documents the essence of the human condition and seeks to face the past with courage in order to change the future.

**New Member Meet and Greet**
Friday, November 18 • 7 to 8 a.m.
GSA's leadership will be on hand at this breakfast event to discuss navigating the meeting, various networking opportunities, and how to become involved in the Society.

**New Fellow Meet and Greet**
Friday, November 18 • 7 to 8 a.m.
Fellow status — representing the highest level of membership within the Society — is an acknowledgement of outstanding and continuing work in the field of gerontology. GSA staff and current fellows will be present at this breakfast event to welcome the 94 new fellows selected in 2016.

**ESPO Breakfast and Community Meeting**
Friday, November 18 • 7:30 to 9:30 a.m.
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, recognizes ESPO award winners, 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.

**How to Publish: Editor’s Confidential**
Friday, November 18 • 8 to 9:30 a.m.
This session will describe how to publish your scientific work on aging and the life course in peer-reviewed journals. It will be divided into three parts: a description of GSA’s new open access journal, *Innovations in Aging;* an introduction to open access journals; and a discussion of the distinctive missions of each of the GSA journals and how both new and experienced authors can maximize their chances of publishing in GSA journals. After the prepared remarks, participants will have an opportunity to meet informally with editors from GSA and AGHE journals and to ask specific questions about getting their scientific work published. Participants may visit with as many journal editors as they wish during this component of the session.

**GSA Section Business Meetings and Award Presentations**
Friday, November 18 • 11:30 a.m. to 1 p.m. • Fee: $20
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!

**GSA Ambassador Program Meeting**
Friday, November 18 • 2:30 to 3:30 p.m.
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. Light refreshments will be provided.

**Careers in Aging Week Users Meeting**
Friday, November 18 • 3:30 to 4:30 p.m.
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.

**Minority Issues in Gerontology Committee Award Presentation and Reception**
Friday, November 18 • 6:30 to 8 p.m.
All members are invited to this event, which honors the 2016 recipient of the Minority Issues in Gerontology Committee Outstanding Mentorship Award.

**ESPO International Task Force Networking Event**
Saturday, November 19 • 9:30 to 11 a.m.
ESPO’s International Task Force hosts this networking event in the ESPO Lounge for international junior scholars and those interested in international aging research.

**Minority Issues in Gerontology Committee Concept Coffee**
Saturday, November 19 • 8:30 to 10 a.m.
Join the Minority Issues in Gerontology Committee for its annual concept coffee. Coffee and a light continental breakfast will be provided on a first-come, first-served basis.

Visit [www.geron.org/2016](http://www.geron.org/2016) for more information.
ANNOUNCING OPENING KEYNOTE SPEAKER

THE HONORABLE JOSEFINA CARBONELL

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

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Grants Aimed at Developing Interventions for Health-Enhancing Physical Activity
The National Institutes of Health is encouraging applications for phased innovation grant awards to support highly innovative research aimed at developing multi-level interventions that will increase health-enhancing physical activity in persons or groups who can benefit from such activity; and that can be made scalable and sustainable for broad use across the nation. The funding opportunity announcement provides support for up to two years for research planning activities and feasibility studies, followed by a possible transition to expanded research support. The next available due date is October 16. Details can be found at bit.ly/1tp9HWR.

RWJF Welcomes Applications for Culture of Health Prize
The Robert Wood Johnson Foundation (RWJF) Culture of Health Prize recognizes communities that have placed a priority on health and are creating powerful partnerships and deep commitments that will enable everyone, especially those facing the greatest challenges, with the opportunity to live well. The prize elevates the compelling stories of local leaders and community members who are coming together to create conditions for health and prosperity by transforming neighborhoods, schools, and businesses. Up to 10 winning communities will receive a $25,000 cash prize; have their stories and successes celebrated broadly to inspire others toward locally-driven change; engage with other national and community leaders as ambassadors for building a culture of health across America; and join a prize alumni network to learn with other prize winners and network locally, regionally, and nationally. The due date is November 3 at 3 p.m. EDT for phase I applications (for all applicant communities). Visit rwjf.ws/2bCMXQA to learn more about this award.

NIA Earmarks Funds for Small Business Innovation Awards
A new funding opportunity announcement from the National Institute on Aging (NIA) is intended to encourage a greater involvement by small businesses through the Small Business Innovation Research (SBIR) mechanism in transforming scientific advances in aging research into novel devices, products, health care practices, and programs that will benefit the lives of older adults. The earliest date of submission is December 5 with the letter of intent due 30 days before the application due date. Visit bit.ly/2bHwkWX for further information.

baby boomers reach retirement age,” Sierra said. “Reducing these costs is critical for the survival of society as we know it, and a 2013 paper by Dana Goldman and colleagues calculated that a modest increase in lifespan and healthspan (2.2 years) could reduce those expenses by $7 trillion by 2050.”

Another article, “Barriers to the Preclinical Development of Therapeutics That Target Aging Mechanisms,” summarizes discussions held at a 2014 Geroscience Network Retreat. While research efforts have successfully identified new drugs that extend lifespan in animals, the authors discuss the need to develop a consistent preclinical pipeline for drug development that focuses on best practices for drug discovery, development of lead compounds, translational preclinical biomarkers, funding and support for preclinical studies, and integration between researchers and clinicians.

In “Frameworks for Proof-of-Concept Clinical Trials of Interventions That Target Fundamental Aging Processes,” Kirkland and others acknowledge that aging therapies may hold “great promise” for enhancing the health of a wide population, with clinical trials being a critical step for translating therapies from animals into humans.

“Evaluating Healthspan in Pre-Clinical Models of Aging and Disease: Guidelines, Challenges and Opportunities for Geroscience” places an emphasis on non- or minimally invasive measurements that can be conducted in mice. Similarly, “Resilience in Aging Mice” discusses practical methods for measuring resilience in mouse models — as a way to accelerate testing of potential interventions before a full-length longevity analysis is attempted.

And “Strategies and Challenges in Clinical Trials Targeting Human Aging” outlines the methods needed for translation into the clinic, focusing on how to design studies to delay aging with drugs already approved for human use.

“While significant work has already been accomplished, there is much more to be done as we focus on translating findings into practice,” said Kirkland. “The Geroscience Network is a collaborative way to overcome barriers and move us closer to our shared goal of increasing healthspan — the healthy, independent years of life for the elderly.”

The research reported in the six articles was supported by the National Institutes of Health, the Paul Glenn Foundation, Nathan Shock Centers of Excellence for the Biology of Aging, the Connor Group, the Noaber Foundation, and the Ted Nash Long Life Foundation. Additional acknowledgements include the contributions of the basic researchers and clinicians engaged in research on mechanisms of aging and care of the elderly in the five retreats supported by the R24 grant from the National Institute on Aging, as well as a workshop on resilience and aging supported by the National Institute on Aging.

The articles are currently found in the advance access section of The Journals of Gerontology, Series A online. GSA members can access them by logging in first at geron.org/publications and then clicking on the journal cover.

“Aging is not just an abstract and intriguing biological problem,” Austad said. “It is the number one cause of death and disability in today’s world. Its threat is very significant, because aging is a major risk factor in a host of other serious diseases and health issues. The Geroscience Network seeks to combine research from a number of institutions to address this ever-growing challenge.”
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*Application for Funding due on September 30, 2016.
Australian Cuts Could Negatively Impact Older Adults
UnitingCare Australia (UCA), Aged & Community Services Australia (ACSA) and Catholic Health Australia (CHA) recently engaged Ansell Strategic to undertake a clinical and financial review of aged care services in every state and territory in Australia. Independent modelling has confirmed the government’s recent budget cuts to aged care funding will have an impact on frail older people, with funding for care in aged care homes reduced on average by 11 percent. UCA, ACSA, and CHA have indicated their willingness to work with the Australian government to develop a more sustainable funding model for aged care and propose the following steps: the deferral of funding cuts until proper analysis is undertaken by the commonwealth; the establishment of a taskforce to review the funding process for aged care with a view to establishing a more sustainable model which provides certainty to aged care providers, residents, and their families and caregivers, and long-term affordability for taxpayers; and an evaluation of the relative costs of providing care to frail aged people in nursing homes. To view the full Ansell Strategic report, visit bit.ly/294H5Ba.

Age UK, Carers UK Advocate Flexibility for Unpaid Caregivers
Caring for as little as five hours a week can have a significant impact on employment prospects, with those caring for more than 10 hours a week at marked risk of leaving the labor market altogether, costing the UK economy an estimated £1.3 billion, according to new analysis by Age UK and Carers UK. Published in a joint report, “Walking the Tightrope,” the analysis shows the devastating impact that caring for loved ones can have on people’s working lives and subsequently their finances, health, and well-being. New focus group research published in the report highlights the profoundly negative psychological and emotional effects of withdrawing from the workplace. And while Britain’s unpaid caregivers contribute hugely to the health and social care system by providing much-needed support for people who would otherwise be dependent on costly services, Age UK estimates that the additional output from caregivers if they were able to stay in the workplace could add as much as £5.3 billion a year to the economy. To this end, Age UK and Carers UK are calling on the British government to make all jobs “flexible by default” to support longer working lives for those with caring responsibilities as well as those without. This document can be viewed at bit.ly/2a3tNGl.

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INNOVATE. INCUBATE. INVIGORATE.
The Faculty of Arts and Social Sciences (FASS) at Simon Fraser University invites applications for a Tier 1 Canada Research Chair in Aging and Health funded by the Canadian Institutes of Health Research (CIHR).

We seek a candidate who is an internationally recognized leader in social/behavioral sciences, social epidemiology, and/or health sciences with an outstanding record of high-impact publications and sustained research funding from national and international foundations, research councils, and development agencies.

We are looking for an innovative researcher with a proven track record in one or more areas in aging and health with expertise in quantitative research methods and an interest in interdisciplinary research and knowledge translation. The successful candidate will have the opportunity to develop a program of research harnessing the Canadian Longitudinal Study on Aging (CLSA) data, as well as other major population data initiatives in aging research. The Canadian Longitudinal Study on Aging (CLSA) (https://www.clsa-elcv.ca/) is a large, national, long-term study that will follow approximately 50,000 men and women who are between the ages of 45 and 85 when recruited, for at least 20 years.

The successful candidate will also be expected to play a leadership role in developing collaborative research clusters and networks at Simon Fraser University, nationally and internationally. The chair-holder is expected to build research strength at SFU in aging and health and foster effective linkages amongst the Department of Gerontology, the Gerontology Research Centre, and other S.F.U. units, as well as external agencies with mandates in aging and health research.

The position requires an individual who will promote a trans-disciplinary team approach to problem-solving through research, teaching and service to aging and health problems facing a rapidly aging population. The successful candidate will also have demonstrated excellence in teaching, and the ability to attract, supervise and mentor graduate students and post-doctoral fellows.

To apply, candidates should submit a full curriculum vitae, a letter of application, and a brief descriptive statement of a proposed research program, as well as teaching and leadership plans for the next five years. These materials, along with the names of six academic referees should be addressed to: Dr. Robert Gordon, Associate Dean and Professor, Chair: Aging and Health CRC Search Committee, Faculty of Arts and Social Sciences, Simon Fraser University. The materials should be sent, electronically, to: Ms. Anne Marie Barrett at geradmin@sfu.ca. The deadline for applications is October 15, 2016. Screening of applicants will commence on November 1, 2016. The search will remain open until the position is filled.

Simon Fraser University is committed to employment equity and encourages applications from all qualified women and men, including visible minorities, aboriginal people, and persons with disabilities. All qualified applicants are encouraged to apply; however, Canadian citizens and permanent residents will be given priority. The position is subject to the availability of funding and final approval by the SFU Board of Governors. Under the authority of the University Act, personal information that is required by the University for academic appointment competitions will be collected. For further details of this policy see: http://www.sfu.ca/vpacademic/Faculty_Openings/Collection_Notice.html.

Information about the Canada Research Chair program can be found at http://www.chairs-chaires.gc.ca. For information about the Department of Gerontology visit http://www.sfu.ca/gerontology.html For information about faculty benefits see: http://www.sfu.ca/policies/gazette/academic/a21-01.html
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