Social Security Innovations Devised to Meet More Americans’ Needs

Social Security can be enhanced to provide Americans greater protections against financial risk, according to proposals found in a new supplemental issue of GSA’s Public Policy & Aging Report. The innovations would improve Social Security’s adequacy in response to three important trends in the U.S.: increased longevity; more workers with low lifetime earnings; and the increased number of adults who spend working years providing unpaid family caregiving or pursuing educational enhancement.

Titled “Innovative Approaches to Improve Social Security Adequacy in the 21st Century,” the issue is centered around seven winning submissions from AARP’s 2016 Social Security Innovation Challenge. GSA members can access Public Policy & Aging Report by logging in at www.geron.org/publications.

“Transformative policy solutions take time to develop, refine, and implement, and this is especially true for Social Security, given its size and breadth of coverage in the American economy,” wrote Debra Whitman, PhD, the executive vice president and chief public policy officer at AARP. “I am confident the innovations in this supplement present an important new resource for people who are committed to finding new ways to strengthen Social Security. At AARP, we believe factual analysis drives better policymaking.”

AARP received an overwhelming number of responses to the challenge from thought leaders across the country. The finalists were chosen by an expert panel, including the directors of the...
From the CEO

Equipping the Next Generation of Aging Scholars

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

Do you know about the Butler-Williams Scholars Program hosted each summer by the National Institute on Aging (NIA)? If you’re an emerging scholar in aging or serve as a mentor to one, it’s something that should be on your radar.

Given our long-standing and valued relationship with the NIA, GSA was honored to become an active supporter of the program this year by sponsoring a networking reception for the 56-member class of 2018. Named after the first two NIA directors — Robert Butler, MD, FGSA, and T. Franklin Williams, MD, FGSA — the program provides extraordinary opportunities for junior faculty and researchers new to the field of aging to gain insight about aging research. It’s a five-day immersion experience that bolsters the careers of junior scholars as they participate in an array of lectures, seminars, small group discussions, and one-on-one consultations.

Becoming involved was a natural fit for GSA, because we share the NIA’s strong commitment to early-career gerontologists. Professional membership organizations have a responsibility to ensure that the next generation of researchers is being nurtured and prepared to step into ever-larger roles. It’s the scientific concept of generativity at work. This is most evident at GSA through the Society’s Emerging Scholar and Professional Organization (ESPO).

In fact, former ESPO chair Jaime Hughes, PhD, MPH, MSW, was a participant in this year’s Butler-Williams Scholars class. We both had a chance to speak to the group, and Jaime made a great peer-to-peer endorsement of GSA and shared how her involvement with the Society has advanced her career.

After the early August event, she summarized thoughts on the experience. “As past ESPO chair, I know what a strong supporter and advocate GSA is for junior faculty interested in aging careers. Thus, it only seemed fitting that the Society host our final night of what had been a rich, engaging week at Butler-Williams,” she said.

Jaime noted that the energy and enthusiasm both during the reception and the following day was contagious — including excitement for GSA’s upcoming Annual Scientific Meeting in November.

“To me, GSA has always felt like both a personal and professional family; and, I was eager to welcome some new faces into this family. Like many of my fellow Butler-Williams attendees, I am counting down the days until we can reunite in Boston,” she added.

The new scholars got to participate in group discussions on the biology of aging, genetics, Alzheimer’s disease, social and behavioral health, health disparities, research methods and interventions, to name just a few topics. Participants also benefited from the opportunity to meet division heads and the extraordinary staff that keeps NIA moving forward. They had the chance to consult with NIA staff on the development of research interests as well as to seek advice on preparing and submitting grant applications to NIA.

As an offering of the NIA Office of Special Populations, the Butler-Williams Scholars Program welcomes researchers with an interest in health disparities, as well as applicants from diverse backgrounds. Being on-site with the scholars, who hail from a variety of disciplines and are pursuing research in diverse topical areas, made me feel like I was at a mini-GSA meeting. Just as biodiversity is essential to the health of our planet, disciplinary diversity and research domain diversity keep GSA and the field of gerontology strong.

The call for applications for the Butler-Williams Scholars Program usually goes up in the December for a March deadline. When they start ramping up for the next cycle later this year, we’ll keep GSA members updated in our GSA Announcements e-newsletter at the appropriate time.
New Books by Members


Members in the News

• On August 3, Jennifer Greenfield, PhD, published on op-ed on the CNN website, titled “We need family leave — but not at the expense of retirement benefits.” She argues against options that would require workers to take an advance on their retirement in order to pay for time at home with a newborn.

Colleague Connection

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

Laura N. Gitlin, PhD, FGSA

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

Member Spotlight

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

Brian Kaskie, PhD

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

Ferraro Receives Top Honor at Purdue

Kenneth Ferraro, Distinguished Professor of Sociology and director of the Center on Aging and the Life Course at Purdue University’s College of Liberal Arts, has been chosen as the 2018 Lu Ann Aday Award recipient. One of the university’s top three research honors, this award is designated for exceptional work in the humanities and social sciences. Ferraro is being honored for his innovative work and impactful contributions to the fields of sociology and gerontology. Ferraro is considered a pioneer in evidence-based research showing that misfortunes during childhood and adolescence substantially increase the risk of disease onset in later life, including heart disease and cancer.

Barnes Elected to National Academy of Sciences

University of Arizona Regents’ Professor of Psychology, Neurology, and Neuroscience Carol Barnes, PhD, has been elected a member of the National Academy of Sciences. One of the world’s leading experts on brain aging, Barnes was one of 84 new members elected recently to the academy, along with 21 foreign associates, in recognition of their distinguished and continuing achievements in original research. Election to membership in the academy is considered one of the highest honors a U.S. scientist or engineer can achieve. Barnes, who also holds the University of Arizona’s Evelyn F. McKnight Chair for Learning and Memory in Aging, is internationally recognized for her groundbreaking research on how the brain changes during the course of normal aging, and the consequences those changes have on memory and information processing.

New Class of Policy Fellows Selected

The Health and Aging Policy Fellows Program has announced its 2018-2018 cohort: Shae Allen, MSW, LCSW-C, C-SWCH; Lauren Reed Bangerter, PhD; Taneika N. Duhaney, MHAP; Matthew L. Goldman, MD, MS; Carrie Graham, PhD, MGS; Melinda Gruber, CNA, MBA, PhD; Hannah Luetke-Stahlman, MPA, BA; Thu Long, PhD, MSW, MA; Kelly O’Malley, PhD; Jane Pederson, MD, MS; Beth Prusaczyk, PhD, MSW; Nicole Ruggiano, PhD, MSW; Steven Starks, MD; Salom Teshale, PhD; Jennifer Wong, PhD, MS. The program aims to create a cadre of leaders who will serve as change agents in health and aging policy to ultimately improve the health care of older adults. The year-long fellowship offers a rich and unique training and enrichment program that is focused on current policy issues, communication skills development, and professional networking opportunities to provide fellows with the experience and skills necessary to help affect policy.

Burton Earns New Hartford Foundation Award

The trustees of The John A. Hartford Foundation (JAHF) have selected John R. Burton, MD, FGSA, as the recipient of the inaugural John A. Hartford Foundation Trustees Award for his decades of dedication to improving the care of older adults through his role as a geriatrics educator, researcher, and clinician. A longtime JAHF grantee, Burton is a national leader who has developed innovative clinical models of care, spread geriatrics expertise to surgical and related specialties, mentored scores of clinical trainees, and helped develop a top-tier geriatrics program at the Johns Hopkins School of Medicine in Baltimore, Maryland.

Teaster Receives Guardianship Award

The National College of Probate Judges recently recognized Pamela Teaster, PhD, FGSA, for her research and advocacy by bestowing on her the Judge Isabella Horton Grant Guardianship Award. Teaster, a professor in the Virginia Tech Department of Human Development and Family Science and director of the Center for Gerontology, has a long history of serving the public interest in ensuring that older Americans receive protection from exploitation and abuse by those in positions of power or trust. Since 2011, the annual award, presented at the National College of Probate Judges spring conference, recognizes the achievements of leaders and innovators who effect positive change or improvements to guardianship laws.

GSA Connect Corner

• Molly E. French, MS: To help public health leaders chart a course to prepare all communities for Alzheimer’s and other dementias, the Alzheimer’s Association and the Centers for Disease Control and Prevention (CDC) unveiled a preview of the Healthy Brain Initiative’s State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map at the national Healthy Aging Summit in Washington, DC, and AAIC in Chicago. The Road Map will be fully released this fall.

• Laurence M. Solberg, MD, FGSA, AGSF: I am looking to do a study that involves measuring quality of life after dental assessment and deep cleaning. What tool do people suggest for subjects to answer that is short and a validated measure? Thanks for your help.
This month I’m serving up the second half of my interview with three of the best advocates out there: Melanie McNeil, the Georgia Ombudsman and current president of the National Association of State Long-Term Care Ombudsman Programs (LTCOP), and her most recent two predecessors, Patty Ducayet of Texas, and Joe Rodrigues of California. I’ll also mention a recent GSA member sighting in our nation’s capital.

Brian: What are the major changes that you have seen in long-term care facilities during your time in the program?

Ombudsmen: The continuous growth of assisted living facilities is the most striking change witnessed by ombudsmen across the country. These facilities increased by 157,061 from 2010 to 2016. Without funding from the federal government, state LTCOP have done our best to respond to this industry growth by visiting residents, educating residents on their rights, and responding to complaints in an industry without federal regulation. It’s a myth that federal funding isn’t going towards care in assisted living facilities; it’s also a myth that assisted living facility residents are wealthy or invulnerable to similar problems as nursing facility residents.

We’ve seen many nursing facilities — especially newly constructed facilities — focus their business on recovery and rehabilitation services. Residents in these facilities are in for a maximum of 100 days, but more often for only about 20 days, to maximize the Medicare benefits that reimburse nursing facilities at a higher rate than Medicaid. Unfortunately, that means that residents who need longer-term care than a facility offers may have to live in a facility that is not well-maintained or well-funded. This situation has the potential to cause many negative outcomes for residents, including human rights violations, abuse, and neglect. Unless the facility has a special designation, all beds are long-term care beds, but residents don’t always know that and move out to a less well-maintained facility. LTCOs can help advocate for the resident to stay, if we are aware of the situation, but we do not always find out until after the resident has moved.

Brian: What part of your time is spent in nursing homes vs. assisted living facilities or other facilities?

Ombudsmen: Though it varies from day to day, it’s about 50/50 for some of us. Assisted living facilities frequently open and close, and as a whole they are the growing business model of the two types, so that volatility is a factor in the demand for ombudsman services.

Brian: We know that assisted living is regulated at the state-level.

Are states doing what they need to do to ensure quality of care?

Ombudsmen: The oversight of assisted living facility quality and protection of residents’ rights and care is inconsistent across states. State budgets seem to be a factor, as is each state’s approach to Medicaid funding of community-based services such as assisted living facility care. Many ombudsmen report that residents of small assisted living facilities — often with payment made by marginal Social Security income — are among the most vulnerable residents in the long-term care system. Part of the volatility in assisted living is the notion that any home can provide assisted living services. Individuals with an extra bedroom or two, think that they know what to do to care for someone in their home, without realizing what is required both from the standpoint of providing good care and what the state regulations require. Owners then see that what they thought would be a worthwhile venture with minimal effort is not the reality.

Brian: With what other key players do you coordinate to protect older adults and individuals with disabilities, and how do you stop those who are abusing, neglecting, or exploiting residents?

Ombudsmen: We often communicate with the state survey and certification agency that regulates the long-term care industry. We are involved in resident relocations when the survey agency and the Centers for Medicare & Medicaid Services determine that a nursing home is no longer allowed to participate in the Medicare and Medicaid programs; that usually happens when a facility is not providing adequate care. We sometimes work in tandem with adult protective services when residents must be relocated to community settings during an assisted living resident relocation, as noted above. We partner with other professionals and advocates in systems advocacy when the law or regulations need to be changed to provide more protections. We also routinely provide in-service training to facility staff on abuse reporting as well as abuse prevention.
Brian: You have a decent data collection system for your work as ombudsmen, but in the area of elder abuse, we are often faced with advocating for funding with a lack of data. Do you have ideas about that issue?

Ombudsmen: Ombudsmen know a lot about abuse, including how prevalent it is in long-term care facilities. One challenge is how abuse is defined for regulatory determinations and how that doesn’t align with the public perception and experience with abuse. Facilities react to the word abuse with defensiveness because they see risk and want to avoid liability. We need to speak openly about abuse, including the subtle ways that abuse occurs, and find ways to resolve these situations whether or not an incident meets a federal definition and standards of proof. The bottom line is if a resident feels fear or suffers psychologically or physically from how they were treated (or not), then there is a problem to address. Feeling safe and secure in your home, including a long-term care facility, is a right that everyone deserves.

Brian: I have worked with the LTCOP when I was on the Hill and since, which totals more than 30 years. So, I have seen many LTCO come and move on, but it seems that there are far fewer ombudsmen staying for 10, 15, 20 years? Is that your perception and why is this?

Ombudsmen: Yes, you’ve been around for most of modern history of long-term care facilities! And yes, we see that trend too. Partly, American workers don’t stay in the same position for decades at the same rate as they used to, and the position of state long-term care ombudsman is not immune to these workforce changes. Another factor is that chronic underfunding has strained program operations in many states, with budgets pinching the program to a bare minimum and creating additional stress on the position. These and probably several other factors have led to the trend of more turnover in our position. Some positions are politically appointed and change when administrations change. Even if not politically appointed, state ombudsmen often feel political pressures and constraints on doing the job, which can lead to frustration and dissatisfaction with the position.

Brian: Of course, some of GSA’s members have done wonderful research and writing about the LTCOP — former President Carroll Estes for example — but what else should GSA members know about the LTCOP?

Ombudsmen: More stories about long-term care — the good and the bad — will help raise the profile of residents and what they experience. That will help ombudsmen do our jobs. Nursing home residents are often a forgotten part of our communities. People think of long-term care facilities as warehouses for older adults and individuals with disabilities. Communities should embrace the long-term care facility residents in their midst, including them not only on special holidays or occasions, but as a part of every-day life. So many residents have wonderful life experiences and talents to share. One should be encouraged by those facilities in which school children have classes, or those facilities that house a day care. Those circumstances mean that residents regularly see people from outside of their building and feel included as a part of the community where they used to live in a single-family home.

Brian: Thank you Melanie, Patty, and Joe for all contributing to this group interview and for all you do to protect the rights of long-term care residents across the country. They are so fortunate to have you!

GSA Members Continue to Influence Federal Policy

On July 18, Jennifer Greenfield, PhD, FGSA, of the University of Denver, joined First Daughter Ivanka Trump and a panel of senators, policy analysts, and a psychologist at the Bipartisan Policy Center in Washington, DC, to discuss “Paid Family Leave: It’s Time for Serious Bipartisan Consideration.” Greenfield is a social worker and policy researcher who educates and advocates on behalf of paid family leave for caregivers of family members of all ages. She scored another advocacy hit with the publication of an op-ed on CNN’s website on August 3, when she wrote, “We need family leave — but not at the expense of retirement benefits” in response to legislation introduced by Senator Marco Rubio (R-FL). His legislation would enable parents of newborns or newly adopted children to take paid leave, but it would be offset by reduced benefit payments. Greenfield pointed out, “Any proposal to tap into Social Security to pay for paid leave ignores important evidence about our country’s looming retirement crisis, which would only be exacerbated by this plan.”

Recent GSA Policy Actions

GSA supported the Leadership Council of Aging Organizations (LCAO) chair’s comment letter to urge the Department of Commerce to remove the citizenship question from the 2020 Census form, as it would jeopardize the accuracy of the census in all communities and have nationwide repercussions for the next decade. For older Americans, an accurate census is essential to ensuring federal dollars are fairly and accurately distributed to support programs that help them and their families meet their basic needs. In fiscal year 2015, the Census Bureau estimated that census data was used to distribute more than $675 billion in funds to 132 programs, including but not limited to the Supplemental Nutrition Assistance Program, Medicare Part B Physicians Fee Schedule Services, and Title VII Programs for Prevention of Elder Abuse, Neglect, and Exploitation.

GSA Vice President for Professional Affairs Patricia D’Antonio represented the Society at the Oral Health America 4th Medicare Symposium on July 19. The program included the release of a white paper, “An Oral Health Benefit in Medicare Part B: It’s Time to Include Oral Health in Health Care.” The paper is available for download at www.oralhealthamerica.org/medicaretoolkit.
Continued from page 1 – Kaskie Chosen as Public Policy & Aging Report’s New Editor

Kaskie had been serving as interim editor for most of this year following the January passing of his predecessor, Joshua M. Wiener, PhD, FGSA.

“We are very fortunate to have Dr. Brian Kaskie as the new editor-in-chief of Public Policy & Aging Report,” said GSA Publications Committee Chair Margie Lachman, PhD, FGSA. “He is a perfect match for this position given his well-established record of exceptional contributions to research and practice involving public policies relevant to older adults.”

Kaskie is an associate professor in the Department of Health Management and Policy at the University of Iowa College of Public Health. His research involves analyzing Medicare and Medicaid policies, empirically testing models of state policy formation and implementation, and translating integrated approaches to providing geriatric care in a variety of health care settings. Most recently, Kaskie has examined the increasing use of cannabis among older persons, evaluating the implications for opioid abuse and end-of-life care.

He has a history of contributing directly to the formulation and implementation of public policies concerning older adults. He has worked with the Alzheimer’s Association National Public Policy office on developing state level strategies since 1993. From 2016 to 2017, was an American Political Science Association Congressional Fellow, assigned to the majority staff of the Senate Special Committee on Aging by Senator Susan M. Collins. He served as the project manager for the state of California’s Strategic Planning Initiative for Older Adults from 1999 to 2001, providing legislators and agency executives critical guidance in formulating policy responses in the state with the nation’s largest population of older adults.

In Iowa, Kaskie has established a superlative record of contributing in the aging and health policy arena. He has been appointed to several committees and task forces such as the Governor’s Taskforce on Re-Balancing Long-Term Care and the Iowa Committee for Value in Healthcare. Kaskie also created the University of Iowa multidisciplinary graduate fellowship in aging, authored the Iowa Board of Regents Strategic Plan for Geriatric Care, and currently directs the two graduate degree programs in health policy offered at the University of Iowa.

Kaskie earned a master’s degree at Washington University in St. Louis, completed his doctoral training at the University of Southern California Leonard Davis School of Gerontology, and participated in a postdoctoral fellowship in health services research and policy at the University of California, San Francisco.
Evidence Based Results from ESPO’s Dissertation Writing Group

By Past ESPO Chair Kristen E. Porter, PhD, and ESPO Communications Chair Allyson T. Brothers, PhD

What is the Dissertation Writing Group? (And Should I Participate?)

The Dissertation Writing Group (DWG) commenced in the summer of 2017 and is a free, peer-led program available for ESPO members in the active phases of dissertation writing (including the proposal stage). It was the vision of then-ESPO Chair Kristen Porter, PhD, who saw the value in accountability and writing support for successfully completing the dissertation. Given the program's successful start, it was approved as an official GSA program in January 2018, and continues to be offered three times per year. If you are currently in the writing stages of your dissertation (or will be soon), we encourage you to consider joining the next 12-week session of the DWG. You might be wondering, does it help? Will it be worth it? Read on to see!

Summary of Evaluation Data – 2017-2018

The DWG program has been carefully monitored and evaluated during its inaugural year and we are excited to share the data we’ve collected with you. In brief, the DWGs have yielded positive results, specifically with regard to enrollment, completion rates, writing accomplishments of participants, and overall quality of the experience. Participant feedback has been instrumental in further refining the program each semester.

We report here the data averages from three sessions (summer 2017, fall 2017, winter 2018), as the summer 2018 session is still in progress. In total, 74 people have enrolled in the DWG program, 85 percent have completed the program, and at least seven people have defended their dissertation as result of the program. (Congrats, doctors!) Of participants who responded to the end of session evaluation (74 percent response rate), 61 percent loved the DWG, 27 percent were glad they participated, and 6 percent felt the DWG did not meet their needs.

With regard to the specific objectives of the program, 70 percent of respondents reported the DWG provided writing support, 64 percent reported it helped with productivity, 65 percent received personal support and motivation from their DWG, 51 percent saw an improvement in their writing skills (grammar, content), and 58 percent reported a reduction in their procrastination. Respondents found the peer-writing-review aspect of the DWG useful both as a recipient of critique (72 percent) and as a provider of critique (79 percent).

In Their Own Words

What DWG graduates have said about the program:

• “The best part of DWG is that you get feedback about your work from more than one person … This really sheds light on the parts of your work that are not that clear … so you can improve it.”
• “I got help with my qualitative methods section from quantitative researchers. After their helpful feedback, my director was complementary about my methods chapter — which felt like a huge accomplishment.”
• “I felt more accountable for the goals I set for myself.”
• “It was great to know that others were facing the same difficulties, and to learn about different strategies to overcome barriers.”
• “… it provided a safe space for my colleagues and I to identify with each other about the dissertation writing process — a time when support is crucial …”
• “The GSA DWG was a helpful structure that kept me on track with my writing goals and provided valuable feedback to improve the clarity of my writing. … I participated for 3 sessions … and I am 100 percent confident that I would not have stayed on track to write the 250+ pages to finish my dissertation without this program. … I met some great people and I hope to meet them in person at GSA in Boston.”

How the Program Works

At registration, participants indicate their preferred meeting time (choose from three to four options ranging from morning, evening, weekday, or weekend) and are matched with group members of various disciplines, geographic locations, and backgrounds. Groups are comprised, on average, of about five members, and remain consistent for the entire session.

The DWG follows a highly structured program that was designed at Stanford University. Orientation involves a couple of hours of learning about the DWG model (a detailed manual is provided), as well as a walk-through of the Skype for Business video conference meeting platform. Because the groups are peer-led, the first meeting is devoted to formulating group rules and expectations, and setting roles for the session ahead. During the 12-week session, members invest on average three to five hours every week, including attending every other week 1.5 hour Skype meetings, providing writing critiques, and engaging in their own writing.

Join Us for an Upcoming Session

We encourage anyone at the proposal (concept paper) or beyond to consider taking part in this free program and reap the benefits! You may be a great candidate if you are:

• In the active writing phases of a doctoral dissertation (master’s students or those wanting writing support for a manuscript are not eligible at this time)
• Able to commit to attending 1.5-hr Skype meetings every other week for 12 weeks at the scheduled time
• Willing to invest time to provide constructive feedback to group members at every meeting
• Interested in receiving peer feedback on pieces of your dissertation
• Wanting to have accountability, comradery, and support during this (sometimes) isolating and (always) challenging phase of the doctoral degree
• Willing to be a reliable, dependable, positive, and supportive champion for your group members’ success

For more information, visit www.geron.org/dwg. We will soon begin accepting applications for the Winter 2019 session, taking place from January 22 to April 12. (Register by January 3.) If you have any questions, email espo@geron.org.
Continued from page 1 – Social Security Innovations Devised to Meet More Americans’ Needs

Two others highlighted the potential of incentives for people to “catch-up” contributions to Social Security starting in middle age; one of the proposals recommended giving people the option and allowed the authors to revise or better target their proposals. To address increased longevity among the American population, one of the proposals recommended giving people the option of “catch-up” contributions to Social Security starting in middle age; two others highlighted the potential of incentives for people to delay claiming benefits. For Americans with low lifetime earnings, two of the suggested innovations would increase benefits up to or above the poverty line. And for those dealing with caregiving or education issues, one proposal would offer Social Security credits for time spent caregiving, receiving unemployment benefits, or participating in job training; another proposes income support from Social Security while an individual goes to school full time for job training or higher education.

Whitman said she hopes that the seven innovations serve as a catalyst for more ideas. “We want innovative Social Security options to keep emerging, so that this great foundation of American retirement security keeps delivering on its social insurance mission for American workers and retirees, both today and for generations to come,” she wrote.
Gerontology & Geriatrics Education Welcomes Bergman as Managing Editor

Elizabeth Bergman, PhD, has been named managing editor of the AGHE’s journal, *Gerontology and Geriatrics Education*. She currently is an associate professor and chair of gerontology at the Ithaca College Gerontology Institute. She also serves as co-director of the Ithaca College Gerontology Institute’s Center for Palliative Care. Bergman’s research focuses primarily on palliative care and services and supports for people with advanced illness and their family caregivers. Bergman has professional experience within the aging network — from leading activities in an assisted living facility, to counseling older adults and their loved ones about community services and supports with an area agency on aging, to leading federally-funded programs (Foster Grandparent Program, Senior Companion Program) with a community non-profit. She formerly served as editor of AGHE’s newsletter, AGHExchange.

Borrero Assumes Editorship of AGHExchange

The Association for Gerontology in Higher Education has named Lisa Borrero, PhD, as the next editor of its newsletter, AGHExchange. She currently is an assistant professor in the Department of Interprofessional Health and Aging Studies at the University of Indianapolis. She teaches in the Doctor of Health Sciences and Master of Gerontology programs and has also engaged in project work with the university’s Center for Aging and Community. Her research interests center on psychosocial issues pertaining to older women, adjustment to retirement, and intergenerational learning. As a faculty member, nearly all aspects Borrero’s work have been informed by combining her love of gerontology with her passion for qualitative inquiry, experiential learning, and service learning. To this end, she has led or co-led numerous faculty development workshops on these topics at the University of Indianapolis as well as professional presentations at conferences such as AGHE, GSA, International Congress on Qualitative Inquiry, Indiana Campus Compact, Engagement Scholarship Consortium, and the International Symposium on Service Learning.

GSA Forms Partnership with Organization for Associate Degree Nursing

GSA and the Organization for Associate Degree Nursing (OADN) are collaborating in a new partnership with the goal of sharing education and training tools with their respective members to enhance the care of older adults.

OADN, founded in 1984, is the premier organization and national voice providing advocacy for associate degree nursing, continually present and active in trends and issues impacting nursing education, workforce, and healthcare policy. With over fifty percent of nurses beginning their education at the community college, associate degree nursing remains a vital entry point into the profession of nursing.

Founded in 1945, GSA is the oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging. Its principal mission is to promote the study of aging and disseminate information to scientists, decision makers, and the general public.

“GSA believes that expanding the number of appropriately trained medical professionals, including associate degree nurses, is an important part of assuring that quality medical care is available for older adults,” said Karen Tracy, GSA’s vice president of strategic alliances and integrated communications.

Among the resources that GSA will make available to OADN are guides on communicating with older adults and improving the oral health of older adults, in addition to a toolkit for detecting cognitive impairment and diagnosing dementia as early as possible.

“Associate degree nursing education continues to be an important pathway for professionals seeking work in long term care and other care settings of critical importance to the aging population. As the life span continues to expand, and nurses care for more older adults, it is imperative that nurses entering the profession have the most up-to-date skills and resources,” said OADN CEO Donna Meyer, MSN, RN, ANEF, FAADN.

“Partnering with GSA will allow OADN members to acquire the most up to date information from experts in the field to share as they educate the next generation of the nursing workforce.

Moving forward, GSA and OADN will have a presence at each other’s annual meetings, share educational materials, and create dedicated online repositories of resources for the use of both organizations’ memberships.
Series B Releases Virtual Collection on Elder Abuse, Mistreatment

The Social Sciences section of the July 2018 issue of The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences features a new “virtual” collection on abuse and mistreatment over the life course. These articles show how mistreatment in childhood affects adult children’s relationships with their aged parents decades later and how these patterns are shaped by the adult child’s caregiving responsibilities for the abusive parent. One of the featured papers uses sophisticated quantitative methods to identify distinctive subtypes of elder abuse perpetrators. Look for future virtual collections focused on intergenerational influences, qualitative and mixed methods, late-life mental health, and other essential topics in social gerontology. The collection can be accessed at bit.ly/B-Elder-Abuse.

Innovation in Aging Plans Special Issue on Public Health

Innovation in Aging has issued a call for papers for a special issue on aging and public health, and is interested in research that takes a population, program, and partner focus to address questions posed in the “2015 World Report on Ageing and Health” released by the World Health Organization: Which interventions work to foster healthy aging and in which population subgroups do they work? What is the appropriate timing and sequencing of these interventions? To these, the editors add: What are the most common constellations of risk factors to target? How do interventions work and what effects do they have? Who are the optimal partners for such efforts? How well do programmatic efforts to enhance primary prevention address key aging challenges, such as falling, depression, social isolation, or preparation for the end of life? How solid is the evidence base for current health promotion programs for older adults? Finally, what kind of population-level benefits can we expect from integration of social and medical care in terms of health, functioning, and quality of life? Abstracts are due by January 11, 2019. Open access waivers will be available for all articles published in this special issue. Review the full call for papers at bit.ly/IACFP-PublicHealth.

Physical Inactivity Can Trigger Diabetic Symptoms in Vulnerable Patients

Just two weeks without much activity can have a dramatic impact on health from which it is difficult to recover, according to researchers who studied overweight older adults at risk of developing Type 2 diabetes. Not only did an abrupt, brief period of inactivity hasten the onset of the disease and elevate blood sugar levels among prediabetic patients, but researchers reported that some study...
participants did not fully recover when they returned to normal activity for two weeks.

The findings appear in an article titled “Failed Recovery of Glycemic Control and Myofibrillar Protein Synthesis With 2 wk of Physical Inactivity in Overweight, Prediabetic Older Adults,” which appears in the August 2018 issue of *The Journals of Gerontology, Series B: Biological Sciences and Medical Sciences*. The work was funded by the Canadian Diabetes Association.

“We expected to find that the study participants would become diabetic, but we were surprised to see that they didn’t revert back to their healthier state when they returned to normal activity,” said Chris McGlory, a Diabetes Canada Research Fellow in the Department of Kinesiology at McMaster University and lead author of the study.

Participants were asked to reduce their daily steps to no more than 1000 steps per day, the equivalent of being housebound due to, for example, illness. Their steps and activity were measured using pedometers and specialized activity monitors, while researchers tested their blood sugar levels and took blood samples during the two-week period.

The results imply that seniors who experience periods of physical inactivity from illness, hospitalization and bed rest, for example, are more likely to suffer harmful consequences to their overall health.

“The treatment of Type 2 diabetes is expensive and often complicated,” explained Stuart Phillips, the professor in the Department of Kinesiology at McMaster who oversaw the research. “If people are going to be off their feet for an extended period they need to work actively to recover their ability to handle blood sugar,” he says.

According to the most recent statistics from the U.S. Centers for Disease Control and Prevention, more than 30 million Americans have diabetes and more than 84 million are prediabetic.

In Canada, Type 2 diabetes is one of the fastest growing diseases, with nearly 60,000 new cases reported each year, according to the Public Health Agency of Canada. It is the sixth leading cause of death and the leading cause of adult blindness and adult amputation.

Research has shown that within days of the onset of inactivity, there are notable reductions in skeletal muscle mass, strength and a rapid onset of insulin resistance, a common feature of Type 2 diabetes.

“In order for pre-diabetic older adults to recover metabolic health and prevent further declines from periods of inactivity, strategies such as active rehabilitation, dietary changes and perhaps medication might be useful,” said McGlory.
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