Network Aims to Transform Dementia Caregiving

A new coalition of experts known as the Hartford Change AGEnts Initiative Dementia Caregiving Network is now working to achieve improvements in services, supports, and care for persons with dementia and their caregivers. This is the first of several planned networks within the Hartford Change AGEnts Initiative, which was established in 2013 through a grant from The John A. Hartford Foundation. Headquartered at GSA, Change AGEnts is a multi-year project designed to create change in the practice environment that will improve the health of older adults, their families, and communities. “The five million people with dementia in this country currently require more than $200 billion annually in expert care from health professionals and skilled support from hands-on paraprofessional direct care workers,” said Corinne Rieder, EdD, executive director of The John A. Hartford Foundation. “This, of course, does not include the staggering costs shouldered by family caregivers.”

Two GSA fellows are serving as co-chairs of the new network: Alan Stevens, PhD, the Centennial Chair in Gerontology at Baylor Scott & White Health and professor at the Texas A&M University Health Science Center; and Nancy Wilson MA, LMSW, of the Baylor College of Medicine and the Houston VA.

Workgroup Focuses on Cognitive Impairment Detection Tools

A team of experts assembled by GSA from across the public, private, and academic sectors — the Workgroup on Cognitive Impairment Detection and Earlier Diagnosis — has been charged with summarizing available evidence-based cognitive impairment detection tools for use by primary care providers, and recommending how more uniform detection can be adopted nationally via the Medicare Annual Wellness Visit (AWV). Its ultimate goal is to establish earlier detection and improved diagnosis and links for post-diagnosis support services to benefit people with dementia and their families.

Support for this effort has been provided by Eli Lilly and Company; the workgroup is chaired by GSA Fellow Richard Fortinsky, PhD, of the University of Connecticut School of Medicine.

The 2010 Affordable Care Act established the AWV as an opportunity for Medicare beneficiaries to receive preventive and assessment services during visits with their primary care providers. Detection of cognitive impairment is among required AWV services, yet no specific tools are mandated and no data are available regarding tools used for this purpose.

“Many older adults and their families have concerns about signs and symptoms of cognitive impairment,” Fortinsky said. “This workgroup offers a wonderful opportunity for GSA to work closely with federal agencies and

Correction

In the Educational News section of the March issue, Christine A. Fruhauf, PhD, should have been listed as treasurer-elect (not treasurer) of the Association for Gerontology in Higher Education (AGHE). Leland “Bert” Waters, PhD, is continuing in the position of treasurer until AGHE’s 2015 Annual Meeting and Education and Educational Leadership Conference.
Share Your Expertise Through Volunteer Service

By James Appleby, RPh, MPH
jappleby@geron.org

GSA is looking for volunteer leaders. Yes, you may have just voted for GSA’s elected officers, but these aren’t the only positions that allow our members to make an impact within the Society and the field of gerontology at large. We now have over 70 committee and task force openings that will be filled through appointment by the new officers. By the end of the month, you’ll receive an e-mail from GSA describing each opening with a link to a form where you can indicate your preferences and areas of expertise. This will help us build an excellent and diverse pool of candidates. GSA is committed to providing an inclusive and welcoming environment for all members; the appointments will be based on individuals’ abilities and qualifications.

Are you looking for ways to expand your professional network and contribute to GSA’s mission? Serving on a committee is one of the best ways to become involved. (In the recent elections, a proposed bylaws change would elevate the current task forces to standing committees, but their purpose and focus would remain the same.) The term of service for these positions — open to members of all sections — would begin at the Annual Scientific Meeting in Washington, DC, this November, and continue for a period of one to three years. The groups convene in person at each annual meeting and keep in touch through a series of conference calls throughout the rest of the year.

Becoming active within GSA would be rewarding, energizing, and essential to your growth within the field. Those who have made GSA their professional “home” already know that such involvement results in new connections with wonderful colleagues, opportunities to hone their leadership skills, and the satisfaction of knowing their contributions have made an impact. Volunteers make GSA a vibrant organization. Please accept this invitation to help advance the strategic goals of our Society by investing your time, knowledge, and creativity.

To give you an idea of the sort of work our committees and task forces undertake, we can look at some of their recent accomplishments. Members of the Publications Committee, for example, were in charge of arranging a new contract for the publisher of GSA’s journals. They determined it was best for GSA to renew its arrangement with Oxford University Press, which has partnered with us since 2008. And now the committee is in the process of selecting the next editor for The Journal of Gerontology: Social Sciences.

The Task Force on Mentoring is now focused on making the best use of contributions made to The Mentoring Effect, a special project of the GSA Innovation Fund. The task force’s members will identify and manage the projects that are supported by these contributions, which will exclusively support mentorship within the Society. The Fellowship Committee is now engaged in reviewing this year’s individual nominations for fellow status within GSA. Indeed, serving as a volunteer leader is an important criterion for fellowship selection, in addition to being an excellent CV builder! And our Information Technology Committee was most recently involved in providing input on the redesign of GSA’s website. (Stay tuned to the next few issues of Gerontology News to learn about that development.)

These committees and task forces have recently been responsible for some impressive achievements. I have used this column many times to express my gratitude to those who contribute their time and energy. This is because GSA members have the expertise so vital to making our organization successful.

James
Meuser Earns Grant for Transportation
The Missouri Department of Transportation has awarded funding support to GSA Fellow Thomas Meuser, PhD, the director of the Gerontology Graduate Program at the University of Missouri–St. Louis, to review and revise the state’s medical evaluation process for at-risk drivers. During this one-year project, Physician Input on Cited Older Drivers, Meuser will collect data from more than 2,000 older individuals who were evaluated by a physician using the Form 1528 — a measurement he developed for physicians to evaluate fitness to drive — and link it with historical crash data for those individuals, including crash patterns and police citations, going back a decade. Previously, Meuser received funding from the Research Board for the project known as Validation of a Clinical Tool in an Enriched Sample, which he co-led with GSA Fellow Marla Berg-Weger, PhD, a professor of social work at Saint Louis University. In this work, the pair studied the predictive validity of the Assessment of Readiness for Mobility Transition, a tool they developed for mobility transition counseling in 2011.

Austin-Based Nonprofit Honors Angel
Family Eldercare, a nonprofit dedicated to providing essential services to seniors and adults with disabilities, has bestowed its Jackie Lelong Visionary Leader Award upon Behavioral and Social Sciences Chair-Elect Jacqueline Angel, PhD. She currently is a professor of public affairs and sociology and a faculty affiliate at the Population Research Center and LBJ School Center for Health and Social Policy at The University of Texas at Austin. Her research has addressed the needs of long-term care for immigrant populations, focusing on older Hispanics. Along with numerous peer-reviewed scientific articles, she has also published a range of books focusing on the welfare of America’s aging population with an emphasis on aging Hispanics. Angel continues her service to the community and advocacy for older adults by serving as an advisor to professional committees, non-governmental organizations and other agencies that provide basic services to the elderly. She is a former board president for Family Eldercare, which is based in Austin, TX, and continues to serve on the President’s Council.

New Publications by Members
• “A Long Road: The Life of Nancy Eastridge,” by Bonnie Hatchett, PhD, ACSW, LMSW. Published by Goose River Press.
• “Long-Term Care Administration & Management: Effective Practices and Quality Programs in Eldercare,” by GSA Fellow Darlene Yee-Melichar, EdD, Cristina Flores, PhD, RN, and Edwin Cabigao, PhD, RN. Published by Springer Publishing.

Members in the News
• The Washington Post published a letter to the editor by GSA Fellow Carole Cox, MSW, PhD, on January 8. The letter praised Washington, DC’s push to help older adults age in their homes versus in a nursing home.
• GSA Fellow Jacquelyn James, PhD, was mentioned in a Forbes.com article, “It’s Time for a Rewrite Moment for Retirement,” on January 13. The article discussed James’ research on flexible work schedules and retirement savings.
• On January 22, GSA Fellow Sara Rix, PhD, was interviewed on NPR’s “Craig Fahle Show” alongside Martina Guzman, a participant in the MetLife Foundation Journalists in Aging Fellows Program. The pair discussed employment after 50 and America’s aging workforce.
• Former GSA President Vern Bengston, PhD, has been interviewed by several news outlets, including The New York Times and The Wall Street Journal, following the release of his newest book, “Families and Faith: How Religion Is Passed Down Across Generations.” He draws on a four-decade study of 350 families to reveal the ways in which faith is, and is not, passed down from generation to generation.
• GSA Fellow Cathy A. Alessi, MD, GSA President-Elect Rita B. Effros, PhD, and Association for Gerontology in Higher Education Past President Janet C. Frank, DrPH, were the subject of a recent UCLA U Magazine spotlight, wherein they discussed the challenges in meeting the needs of a baby boomer population. All three are professors at UCLA.

Member Spotlight
GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Howard B. Degenholtz, PhD
Visit www.geron.org/Membership/member-spotlight to ask questions and read previous interviews.

Colleague Connection
This month’s $25 amazon.com gift certificate winner: Jennifer Craft Morgan, PhD
The recipient, who became eligible after referring new member Janice Brewer, MA was randomly selected using randomizer.org. For more details on the Colleague Connection promotion, visit www.geron.org/connection.

President Barack Obama unveiled his sixth budget, at $3.9 trillion, to Congress on March 4. Presidents have been submitting their budget requests to their congressional comrades since the 1920s. Members of Congress generally consider the president’s spending proposal a “wish list” and routinely ignore the budget request.

For Obama, it is no different. His wish list for Fiscal Year (FY) 2015 reflects the priorities and values of the Democratic Party within the context of deficit reduction. In an election year, you can also consider the president’s budget to be in part an election blueprint. In fact, House Budget Committee Chairman Representative Paul Ryan (R-WI) said, “This budget isn’t a serious document; it’s a campaign brochure.” Ryan is expected to release his fiscal plan in the next few weeks. Unlike the president’s, however, Ryan’s plan has a good chance of being approved by the House (and then ignored in the Senate).

FY 2015 Budget Highlights

The president’s budget adheres to the FY 15 spending levels described in the Bipartisan Budget Act (BBA) of 2013. However, the president proposes a $56 billion Opportunity, Growth, and Security Initiative. This new stimulus spending would be equally divided between defense and non-defense priorities. Of some interest to those with a retirement security perspective, the initiative would be funded by curbing tax breaks on retirement accounts for wealthy individuals who have already accumulated $3 million or more in their accounts.

In general, the budget proposal is a mixed bag for older Americans. It includes some small but positive proposals, for example $3 million in funding to hold a White House Conference on Aging in 2015, and $5 million to establish a Holocaust Survivors Fund that would help older Holocaust survivors remain in their homes and communities. It increases funding for elderly housing, elder justice, Alzheimer’s research, and the Money Follows the Person (MFP) Demonstration, which is designed to assist persons who need to transition from a long-term care setting to a community-based setting.

On the negative side, the budget calls for increasing costs for Medicare beneficiaries, and cuts to senior employment, training, and volunteer programs, energy assistance, and other services for the elderly.

National Institutes of Health

The National Institutes of Health (NIH) fares pretty well in the president’s budget. This year, it adds $211 million for the NIH from the enacted FY 2014 levels. About 54 percent of the NIH research budget will be allocated toward basic biomedical and behavioral research. The National Institute on Aging budget grows with a modest increase of $1 million to $1.17 billion. The budget continues to support research on the causes, prevention, and treatment of Alzheimer’s disease. Currently, more than 35 NIH-funded clinical trials are focusing on detecting Alzheimer’s disease in its early stages. Keep in mind, however, that the proposed NIH increase to $30.361 billion (if enacted) will still not bring it back to its pre-sequestration funding level of $30.6 billion.

Geriatric Education

The geriatric education funding under the Health Resources Services Administration remains at $33 million, the same as the FY 2014 enacted level. Unlike previous fiscal year budgets, funds from the Affordable Care Act’s Prevention and Public Health Fund, from which transfers were made to geriatric education centers for the Alzheimer’s Fund, has been discontinued. Funds to geriatrics programs will support 37 new and competing continuing geriatric education center cooperative agreements; 12 new and competing geriatric training for physician, dentist, and behavioral and mental health professional grants, and 65 geriatric academic career awards. Similar to previous years, the funding level enables the geriatric education centers to provide interprofessional continuing education to health professionals on Alzheimer’s disease and a range of other issues.

Elder Justice Initiative

The budget proposal reflects the Obama Administration’s recognition that elder abuse, neglect, and exploitation affects millions of Americans. To address the growing number of elder abuse cases, the president proposes $25 million for elder justice initiatives to be administered by the Administration on Community Living (ACL). Funds will be used to make investments in Adult Protective Services (APS), research and evaluation activities. In particular, the funding would develop a national APS data system, provide grants to states to test and create infrastructure, and provide funds for researching evidence-based interventions to prevent, detect, and respond to elder abuse. Additional funds ($5 million) were not provided for the Long-Term Care Ombudsman Program as they had been in a previous budget proposal.

Older Americans Act (OAA)

Most OAA programs would be level-funded (at FY 2014 levels). The Senior Community Service Employment Program (SCSEP) is threatened again with a funding cut of $54 million. But the budget contains the ACL-requested $8 million for chronic disease self-management education, $5 million for elder falls prevention, and $3 million for a White House Conference on Aging, as mentioned above.
Medicare
The president’s budget would reduce Medicare spending by more than $400 billion between 2015 and 2024. This would be accomplished by reducing payments for prescription drugs under Medicare Part B and Part D, reducing Medicare payments to providers (mainly post-acute providers), and by reducing bad debt and fixing coding problems. But there is cause for concern for beneficiaries. The budget would also increase beneficiary premiums, deductibles and cost-sharing, including requiring new beneficiaries to pay home health co-payments, which alone would save an estimated $820 million for the Medicare budget.

The White House argues that the changes will increase the Medicare Trust Fund lifespan and “would build a stronger foundation for Medicare’s future by expanding value-based purchasing, strengthening quality incentives and reducing the risk of prescription drug abuse in Part D.” On another positive note, the budget would close the Part D donut hole by 2016 instead of 2020, saving seniors more in out of pocket costs for drugs.

Social Security
Unlike the president’s FY 2014 budget, this budget does not include the controversial “chained” Consumer Price Index (CPI) proposal. The chained CPI proposal would reduce federal employee retirement annuities by 0.3 percentage points each year and give a small annual rate of increase for Social Security benefits. White House deputy press secretary Joshua Earnest said the proposal “remains on the table” if an opportunity for a “grand bargain” presents itself. The chained CPI was roundly criticized by aging advocates as unfairly impacting low-income Social Security recipients.

Another positive proposal was inclusion of $100 million to help modernize operations and customer service at the Social Security Administration and $150 million in additional funding to further reduce wait times and enhance services for the public.

The budget also includes a new program to create a “simple, safe and affordable "starter" retirement savings account (myRA) that will be available through employers and help millions of Americans save for retirement.” The administration once again proposes automatic enrollment in IRAs or "auto-IRAs" for employees without other retirement account options.

Proposed Changes to Senior Corps Program
The president’s budget delivers vast changes to the Senior Corps program. It would move the Foster Grandparent Program and Senior Companion Program into AmeriCorps. More controversially, the administration proposes to integrate the most competitive RSVP projects into the Volunteer Generation Fund (VGF). The transition would result in RSVP operating on a $19 million lower funding level than the former funding level of $49 million. Suffice it to say, RSVP advocates are distressed by the proposed cut.

Elderly Housing, Energy, Community Service Block Grants
In a proposal applauded by many aging advocates, the budget increased by $56.5 million the Section 202 Housing for the Elderly Program. A $15 million increase was proposed for housing counseling, including the Home Equity Conversion Mortgage Program. The Low-Income Home Energy Assistance Program (LIHEAP), which helps many older adults, would be cut by $625 million and Community Services Block Grants would be cut by $234 million.

The Ryan Perspective
As most members of Congress ignore the Obama budget proposal, it is understood that April will bring another budget proposal from Ryan’s House Budget Committee. He has started to frame his perspective by using the 50th anniversary of the War on Poverty as an opportunity to review its record.

On March 3, the committee released a report written by the majority (Republican) staff, “The War on Poverty: 50 Years Later.” The report makes the case that the federal government’s anti-poverty programs are duplicative, complex, and clearly misguided, since the poverty rate has increased since 1965.

Several aging-related programs are discussed. Elderly nutrition program funds were found to be well targeted toward low-income elders and to those with increased risk for nutrition and health problems. Medicaid featured prominently in the committee’s report and is characterized as a large expensive program with many drawbacks, problem areas, and disincentives. The report also points out that researchers have found that “seniors prefer to avoid Medicaid. Edward Norton (1995) finds that seniors receive wealth transfers to avoid Medicaid eligibility, rather than divest wealth to gain Medicaid eligibility.”

On Medicare, the report addresses the increasing cost of the Low-Income Subsidy Program under Medicare Part D, but notes that it is helping low-income senior’s access medications they otherwise would not use.

The Budget committee’s analysis found that Section 202 Supportive Housing for the Elderly was fiscally sound: “When Section 202 housing is provided alone with supportive services (e.g., meals, transportation, and housekeeping), the cost of housing and Medicaid-paid services provided to at-risk individuals is about half as expensive as institutionalization over a two-year period.”

Because there was a bi-partisan agreement on a two-year budget, the Senate does not plan to write a budget bill this year. As we await the Ryan budget proposal, the appropriations subcommittees have begun their work on the 12 appropriations bills that are needed to keep government running past September 30. Many are already predicting a continuing resolution that would combine the difficult appropriations bills into one.
President’s FY 2015 Budget Request

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<th>(amounts in millions)</th>
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<th>President’s FY’15</th>
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<td>State Grants and Demonstrations</td>
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<td>Center for Medicare and Medicaid Innovation</td>
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<td><strong>Corporation for National and Community Service</strong></td>
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*Proposed reorganization of Foster Grandparent Program and Senior Companion Program into AmeriCorps in FY 2015
**CNCS proposes to reorganize Senior Corps in FY 2015 by integrating the Foster Grandparent Program and Senior Companion Program models into AmeriCorps and integrate the most competitive RSVP grantees into the Volunteer Generation Fund.
RRF Accepting Applications for Projects in Aging

The Retirement Research Foundation (RRF) is currently accepting grant requests for its next application deadline on May 1. Through its responsive grants program, RRF supports direct service, advocacy, education, and training programs for professionals working with elders, as well as research to seek causes and solutions to significant problems of older adults. Proposals for projects that have a local focus are considered from organizations based in seven states: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects of national relevance are considered from organizations located anywhere in the U.S. The RRF is based in Chicago and is one of the nation’s first private foundations devoted exclusively to aging and retirement issues. Throughout its history, RRF has awarded more than $200 million for innovative projects that benefit older Americans. To learn more, visit www.rrf.org.

HUD Funding to Aid Low-Income People with Disabilities

To help prevent thousands of people with disabilities from experiencing homelessness or unnecessary institutionalization, the U.S. Department of Housing and Urban Development (HUD) has announced the availability of approximately $120 million in funding for state housing agencies to provide long term project-based rental assistance to extremely low-income persons with disabilities, many of whom are transitioning out of institutional settings or are at high risk of homelessness. HUD’s support of these state agencies is made possible through the Section 811 Project Rental Assistance (PRA) program, which enables persons with disabilities who earn less than 30 percent of their area’s median income to live in integrated mainstream settings. State housing agencies are working closely with their respective Medicaid and Health and Human Service counterparts to identify, refer, and conduct outreach to persons with disabilities who require long-term services and supports to live independently. Authorized by the Frank Melville Supportive Housing Investment Act of 2010, the Section 811 PRA will award rental assistance funds to state housing agencies (or other appropriate entities) that have formed partnerships with state Medicaid and health and human services agencies that have developed methods for identifying, referring, and conducting outreach to a target population of extremely low-income persons with disabilities requiring long-term services and supports. The deadline to apply is May 5. In the last round of funding, 13 states were awarded funds to create approximately 3500 housing units for this vulnerable population. Learn more at 1.usa.gov/1e0wdze.

Continued from page 1 – Network Aims to Transform Dementia Caregiving

Center of Excellence in Health Services Research. They are responsible for identifying what is currently known about improving the lives of persons with dementia and their caregivers, and putting into motion ambitious plans to ensure that the best care is provided.

“The Hartford Change AGEnents Initiative creates new opportunities to advance dementia caregiving,” Stevens said. “It both recognizes the considerable research advances and practice innovations of recent years yet places a clear focus on the critical need for practice change.”

He added that, as part of the larger Change AGEnents initiative, the Dementia Caregiving Network will aggressively pursue practice changes to improve the health and well-being of family caregivers.

“The need for practice change is most obvious in healthcare and community support agencies who are in direct contact with family caregivers; however, the number of people involved with and impacted by dementia caregiving will require improved education and training for healthcare workers and changes in federal and state policy,” Stevens said.

Joining Stevens and Wilson on the network for its initial phase is a multi-sector interdisciplinary team of six experts in the field of dementia caregiving. This includes Christopher Callahan, MD, of Indiana University; Debra L. Cherry, PhD, of the Alzheimer’s Association, California Southland Chapter; Amy Cotton, MSN, GNP, FNP, FAAN, of Eastern Maine Healthcare Systems; Joseph E. Gaugler, PhD, of the University of Minnesota; Lisa Gwyther, MSW, LCSW, of the Duke University School of Medicine; and Katie Maslow of the Institute of Medicine.

The members of this self-directed network will synthesize existing reports and literature in the dementia caregiving field and identify a short list of target areas for change. Once these areas have been chosen, other individuals will be added to the group based on their expertise. Through the network, the members hope to spur innovations in practice, delivery systems, workforce, regulation, and policy, as well as partnerships with organizations or national health care movements.

“The interdisciplinary Hartford Change AGEnents networks are designed to bring together some of the nation’s top experts to identify the best opportunities for widespread change in health care. We aim to connect to broader national efforts and take action that leads to measurable improvements in the care of older Americans,” said Rachael Watman, senior program officer for the John A. Hartford Foundation. “We are honored to have Dr. Stevens and Ms. Wilson guide our inaugural network.”

Within two years, the network’s members will have identified two to three topics of critical importance to the field of dementia caregiving, and established and executed a plan of action. This will be accomplished with public input and in coordination with other initiatives of the Hartford Foundation, GSA, and federal and private partners.
Rutgers University Establishes Aging Programs
The Rutgers School of Health Related Professions Department of Interdisciplinary Studies now offers three online interprofessional educational opportunities designed to meet the education needs of health care professionals to appropriately care for the ever-growing aging population. Depending upon an individual’s background, students may obtain a master’s degree, a graduate certificate, or a bachelor’s degree. The Master of Science in Health Sciences is a 30-credit program that allows students to complete an interprofessional core of aging courses and choose a specialty option such as health promotion, management and leadership, mental health, nutrition, and complementary and alternative medicine/pharmacology. Individuals who do not desire a master’s degree may complete 12 credits of required aging courses and earn a graduate certificate. Credits earned for this certificate may also be applied to one of several graduate degree programs offered by the School of Health Related Professions, most of which are also offered fully online. The Bachelor of Science in Health Sciences is designed to prepare students with content for healthy living and management of disease in older adults; social policies for older adults; and knowledge, resources, and skills to effectively care for the aging population in our community and beyond. In the near future, Rutgers University will be offering a bachelor’s degree with a specialization in aging. For more information, visit shrp.rutgers.edu/dept/IDS/index.html.

Tennessee College of Nursing Awarded Grant to Help Stem Nationwide Faculty Shortage
The College of Nursing at the University of Tennessee, Knoxville, has been awarded a $10,000 grant from the Jonas Center for Nursing and Veterans Healthcare to be used for a 2014 doctoral student scholarship. The college is matching the funds. As a recipient of this grant, the college is part of a national effort to stem the faculty shortage and prepare future nurses as America’s health care system continues to evolve. The Jonas Center is a philanthropy dedicated to building the effectiveness of America’s professional nurses by developing outstanding faculty, advancing scholarship and sparking innovative practice. Last year marked the lowest enrollment increase in professional registered nurse programs in the past five years, according to the American Association of Colleges of Nursing. The Jonas scholar will join nearly 600 future nurse educators and leaders at 110 schools supported by two Jonas Center programs: the Jonas Nurse Leaders Scholars Program and Jonas Veterans Healthcare Program. These scholarships support nurses pursuing doctor of nursing practice and other doctoral degrees. To find more information about the University of Tennessee College of Nursing, visit www.nursing.utk.edu. To find out more about the Jonas Center, visit www.jonascenter.org.

Optum Labs Creates Partnerships to Improve Patient Care
Optum Labs recently announced seven partners in research, including the American Medical Group Association; Boston University School of Public Health; Lehigh Valley Health Network; Pfizer, Inc.; Rensselaer Polytechnic Institute; Tufts Medical Center; and University of Minnesota School of Nursing. Optum Labs aims to bring together a community of health care stakeholders dedicated to improving patient care by sharing information assets, technologies, knowledge, tools and scientific expertise. Optum Labs participants will have access to information resources, proprietary analytical tools and scientific expertise to help drive the discovery of new applications, testing of new care pathways and other opportunities to drive innovation in wellness care delivery.

Continued from page 1 – Workgroup Focuses on Cognitive Impairment Detection Tools
national organizations representing consumers and healthcare providers to develop recommendations about brief and scientifically sound assessment tools that can be used in conjunction with the AMV to most accurately determine the presence and degree of cognitive impairment.”

Equally important, Fortinsky added, will be the workgroup’s development of strategies for encouraging widespread and routine use of such assessment tools in primary care settings.

“This step is critical for achieving earlier and improved diagnostic practices and for linking people with dementia and their families with post-diagnostic support services as soon as possible,” Fortinsky said.

As part of its ongoing activities, the workgroup has convened twice, with a third meeting planned for June. Its 2014 objectives include highlighting efforts currently underway by the organizations represented in the workgroup to identify validated tools for detecting cognitive impairment; exploring pathways and processes for helping secure widespread adoption of such validated tools in AWVs in primary care and other healthcare settings; providing feedback as to other activities and tactics that may need to be undertaken to secure widespread adoption of validated mild cognitive impairment detection tools in healthcare settings; and recommending goals for a 2015 national summit to further disseminate the findings of the workgroup.

The workgroup’s February meeting in Washington, DC.
Finding your GSA “Home”: The Biological Sciences Section

Special thanks are given to George Sutphin, PhD, and Jonah Lee, PhD, MS, for their contributions to this month’s column.

Last month we began a four-part series highlighting each of GSA’s professional sections to assist ESPO members with determining their specialized “homes” within the organization. This month we continue the theme and discuss the Biological Sciences (BS) Section, which is primarily focused on basic science to “advance the scientific study of the aging process at the molecular, cellular, and organismal level, as well as the understanding of specific disease conditions that are related to, or accompanying, the aging process.” This section is the Society’s smallest, which provides a close-knit network of scholars to exchange ideas and provide high-quality mentorship. This section is uniquely able to offer non-competing symposia at the Annual Scientific Meeting, which allows attendees with an interest in the basic biology of aging to benefit from the wide variety of research presentations.

At last year’s Meeting, the BS Section co-sponsored a very successful ESPO/Biological Sciences Section Symposium, “Evaluating Age-Related Decline in Muscle Function,” and a Presidential Symposium, “Translating Recent, Transformational Advances in the Basic Biology of Aging into Clinical Application: Opportunities and Challenges,” organized by the Biological and Health Sciences Section chairs, James Kirkland, PhD, and Ronald Shorr, PhD, respectively.

The BS section offers several prestigious awards for students and ESPO members. The George Sacher Student Award is given to the best student paper or poster presentation by a GSA member at the Annual Scientific Meeting. This $500 award encourages research and participation among students in the Biological Sciences Section. The section also grants the Austin Bloch Postdoctoral Fellow Award to recognize an outstanding paper or poster presentation by a postdoctoral fellow in biomedical sciences.

ESPO’s senior representative to BS is George Sutphin, PhD. His research focuses on understanding the molecular causes of aging using model systems, thus his basic science research in non-human systems made joining the BS Section a natural choice. Jonah Lee, PhD, is the ESPO junior representative for BS and is an enthusiastic supporter of the section for interested emerging scholars. He joined the section because he was awarded the American Federation of Aging Research award as a sponsored member of the GSA BS Section for his research in the biological sciences.

Lee told us “the exposure that the BS Section provides is great as it provides a platform to be noticed and to notice others. However, like many organizations, it is up to the membership to take the next steps, listening to talks and sessions is great, but taking advantage of the conversations and environment has really helped me to become friends with my colleagues.”

Sutphin agreed that one of the greatest benefits of this section is the ease of networking. “I have connected with researchers both on the clinical side of basic science and outside of the basic sciences entirely. Many of these connections would not have been made outside of the GSA annual meeting. In particular, serving as the ESPO representative to the BS Section has given me unique exposure to the leadership of both ESPO and the BS Executive Committee.”

As ESPO section representatives, Lee and Sutphin said they noticed there is some room for more socialization and networking opportunities for students and emerging scholars. Their goal this year is to facilitate more informal opportunities for ESPO members to get to know the personalities behind the science without feeling the pressure of defending work. Additionally, the BS Section is seeking opportunities to develop more cross-section events to highlight the intersection between new discoveries in biological sciences and information dissemination within health and healthcare. Lee said he enjoys the interdisciplinary nature of GSA, which allows him to think about his research more globally. He recommends the BS Section for interested ESPO members because it offers a great professional networking experience and allows members to get the most out of the larger organization.
Applications invited for post-doctoral fellowships

This program trains fellows in the conduct of independent and original research in the epidemiology of aging, with an emphasis on the prevention of late life disability. To apply, please send statement of career goals, CV, and contact information for three references to EpiofAgingTrainingGrant@epi.umaryland.edu by April 15, 2014. http://medschool.umaryland.edu/agingtraining

Supported by NIH training grant (T32 AG00262). Applicants must be a US citizen or permanent resident.

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IIASA Study Highlights Need for Labor Force/Pension Age Balance

A new study from the International Institute for Applied Systems Analysis (IIASA) shows that in most European countries, if labor force participation rates remain at current levels, by 2050 it would be necessary to raise pension ages above age 68. The new research, which was published in the journal Demographic Research, shows that increasing labor force participation by as little as 1 or 2 percentage points could allow pension ages to be reduced by one year without increasing the burden on the working population. In Europe and many other areas of the developed world, birth rates have dropped while life expectancies have increased, leading to a larger number of older people. When a greater proportion of the population is older, they rely more heavily on the younger working population to finance their pensions and healthcare. The new study for the first time estimated the trade-off between pension age and labor force participation policies. This report indicates that a more effective strategy is to introduce policies to help more people join the workforce. Such policies include incentives to remain in the labor force, anti-age discrimination policies, reforming tax policy so as not to penalize workers, removing financial incentives to retire early, and careful management of disability pension systems.

ACL Leaders Will Feature Prominently at Adult Guardianship Meeting

U.S. Administration for Community Living (ACL) Administrator and Assistant Secretary for Aging Kathy Greenlee will keynote the 2014 World Congress on Adult Guardianship, which will be held May 28 to 30 in Arlington, VA. The event will bring together 120 speakers from 21 countries on six continents to discuss promising practices in the area of adult guardianship. ACL Principal Deputy Administrator Sharon Lewis will address the general session. The World Congress on Adult Guardianship is an international gathering of those involved in guardianship. Participants come from around the world and represent academics, attorneys, court officials, disability advocates, fiduciaries, government officials, guardians, judges, and public trustees/guardians. Each World Congress offers opportunities to learn and collaborate by bringing together those involved in adult guardianship, as well as aging, disability and elder rights from around the globe. For more information, visit www.worldcongressguardianship.org.
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Making Connections: From Cells to Societies