GSA Strengthens Communication Between Pharmacists, Seniors

GSA is now offering its members free access to several new online training modules designed to help pharmacy professionals meet the needs of their aging patients. And while these tools are geared toward pharmacists and other support staff, they can be useful to any gerontologists seeking to have optimal interaction with the aging population.

Collectively known as The Silver Market Community Pharmacy series, each installment runs less than 25 minutes and offers expert information and time-tested techniques to help pharmacists and technicians work efficiently and respectfully across the counter.

GSA developed the modules with support from several partners, including McNeil Consumer Healthcare, Novartis Consumer Health, Pfizer Consumer Healthcare, and Purdue Pharma.

At present, older adults account for 34 percent of all prescription drug use and 30 percent of over-the-counter drug use. The U.S. Administration on Aging forecasts that nearly one in five Americans will be 65 or older by 2030. And according to the U.S. Centers for Disease Control and Prevention, two-thirds of older adults currently are unable to understand the information given to them about their prescription medications.

“Low muscle mass and weakness are common and potentially disabling in older adults, but in order to become recognized as a clinical condition, criteria for diagnosis should be based on clinically relevant thresholds and independently validated,” state the authors in the lead article of the series.

Their findings suggest that evidence-based cutpoints of grip strength (the force applied by the hand to grip an object) and lean mass could be used in identifying sarcopenia. To arrive at the recommended

Scholars Propose New Standards for Gauging Muscle Decline

Sarcopenia — the age-related loss of muscle mass and strength — may put up to 50 percent of seniors at greater risk for disability, yet there is no consensus within the medical community for how this condition should be measured. However, a new collection of articles appearing in GSA’s The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences (volume 69, number 5) lays out an empirically derived set of criteria for diagnosing sarcopenia.

These recommendations are a result of the Foundation for the National Institutes of Health Biomarkers Consortium Sarcopenia Project, which includes scientists and grantees from the National Institutes of Health, along with other partners in government, academia, and the private sector.

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From the Executive Director

WHCoA Planning Presents New Opportunities

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

It’s Older Americans Month and we’re celebrating along with the Administration for Community Living, which chose the theme, “Safe Today, Healthy Tomorrow.” The focus in 2014 is on the prevention of unintentional injury; you can keep track of updates from GSA and others on social media using the Twitter hashtag #oam2014.

But this annual event isn’t the only recent attention to aging issues from the executive branch that GSA should be celebrating. You may recall reading in the Policy News column of last month’s Gerontology News that the Obama Administration set aside $3 million for a 2015 White House Conference on Aging (WHCoA).

Some have speculated that this event, which traditionally takes place once a decade, might not even happen. (Of course, the budget hasn’t passed yet, so no final decision has been made.) So I applaud the president and his team for including these funds in the FY 2015 lineup.

GSA has always had a special relationship with the WHCoA. The organization played an active role in many previous conferences; our members and staffers were involved in numerous preparatory events and follow-up reports. In 2005, thanks to GSA-led forums and subsequent white paper recommendations, civic engagement was included as a key theme of the WHCoA.

We are already exploring ways for the Society and its members to be involved in preparatory events leading up to the 2015 conference. In fact, in an effort to help shape the agenda and theme, The Gerontologist most recently solicited papers for a special series of articles that outline a vision of older adults’ economic and retirement security, health, caregiving, and social well-being for the decade ahead.

Thanks to a new free GSA member benefit, you now have access to our quarterly Public Policy & Aging Report, including all back issues. The Winter 2006 edition, which you can read by logging in to the GSA website through www.geron.org/publications, provides an excellent recap of the 2005 WHCoA and even concludes with a forecasting article titled “The White House Conference on Aging in 2015: The Shape of Things to Come.”

Exactly what shape the WHCoA will take in 2015 hasn’t been determined yet; it may end up being a one-day summit, rather than a full delegated conference. And while this format can be debated, it is good to see that the White House is up for trying new approaches.

In that spirit, I challenge the organizers to also broaden the scope of what this event entails. Unlike Older Americans Month, the WHCoA does not have to focus on a just one demographic segment of our population. Yes, topics like the growing numbers of baby boomers and entitlement programs must be on the agenda, but we have an opportunity to reframe the way leaders in this country think about aging as a whole. And this involves not drawing an arbitrary line at age 50 or 65.

The work of many GSA members addresses aging across the lifespan, even though a significant number of the issues involved disproportionately affect older people. We know that interventions earlier in the life course can have a dramatic impact on health and well-being in later life. The growth of the senior demographic showcases the enormous human capital represented by older adults. Yet for our country to be successful moving forward, we need to create an environment in which all individuals are mindful of their own aging and understand the population that is aging around them.

Therefore, the WHCoA should approach the concept of aging as a lifelong process that embraces and impacts all generations, rather than solely framing this as being about the problems brought about by old age.

James


generontology news

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City Inducts Wykle into Hall of Honor
GSA Fellow May Wylke, PhD, was inducted into the Martins Ferry (Ohio) Hall of Honor in April 2014. She was the first African-American graduate of the Ruth Brant School of Nursing in Martins Ferry; in 2001, she was named as the first African-American dean of the Frances Payne Bolton School of Nursing at Case Western Reserve University. She is a triple alumna of Case Western. For several decades, she has served as director of the University Center on Aging and Health. Her previous honors include being named to the advisory board for the Johnson & Johnson national Campaign for Nursing’s Future, and being the 2000 recipient of GSA’s Doris Schwartz Gerontological Nursing Research Award.

Cook Lands Post at National Science Foundation
Former GSA President Fay Lomax Cook, PhD, has been named the assistant director of the Directorate for Social, Behavioral & Economic Sciences (SBE) for The National Science Foundation. She will work to further SBE’s mission promoting the understanding of people and their lives by supporting research that reveals basic facets of human behavior and helps provide answers to important societal questions and problems. Currently Cook is a professor at Northwestern University, where she is a faculty fellow of the Institute for Policy Research and a professor of human development and social policy in the School of Education and Social Policy.

Himes to Take Illinois Tech Post
GSA Fellow Christine Himes, PhD, will become the new dean of the Illinois Institute of Technology’s Lewis College of Human Sciences, effective July 1. She is currently the chair and Maxwell Professor of Sociology at Syracuse University, and the former director of the Center for Policy Research at the Maxwell School of Citizenship and Public Affairs. She has published numerous papers on the demography of aging, obesity and health, and family caregiving, and serves on the Board of Scientific Counselors for the National Center for Health Statistics.

In Memoriam
Susan E. Macneill, PhD, passed away at age 50 on Sunday, February 9. She had been a member since 1997. Macneill received her master’s degree and PhD from Wayne State University and went on to practice clinical neuropsychology. She was the wife of GSA Fellow Peter A. Lichtenberg, PhD, a professor at Wayne State University; the two worked together on multiple publications on mental health and rehabilitation for older adults.

New Publications by Members
• “The Encyclopedia of Elder Care: The Comprehensive Resource on Geriatric Health and Social Care, Third Edition,” by GSA Fellows Elizabeth Capezuti, PhD and Mathy Mezey, PhD, Paul Katz, MD, and Michael Malone, MD. Published by Springer Publishing.
• “Surrounded by Madness: A Memoir of Mental Illness and Family Secrets,” by GSA Fellow Rachel Pruchno, PhD. Published by Dog Eared Publishing.

Members in the News
• GSA Fellows Elizabeth Dugan, PhD, and Nina Silverstein, PhD, and GSA member Frank Porell, PhD, were quoted in The Boston Globe article “Study Shows Disparities in Aging Across State” on January 24. The piece discussed the results of their study reporting healthy aging indicators for every city and town in Massachusetts; the results can be found at mahealthyagingcollaborative.org.
• The Montreal Gazette featured research by GSA Fellow Stephen Golant, PhD, in the article “Canadians Growing Older and Happier” on February 17. The article touted Golant’s research promoting age-friendly initiatives and keeping older adults involved in communities.
• The medical news site healio.com published the article "High-Protein Diet in Middle Age May Increase Risk for Diabetes, Cancer, Mortality” on March 4. The piece featured research conducted by GSA member Morgan Levine, which found that a high-protein intake may be beneficial for longevity in older adults.

Member Spotlight
GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on:
Victor Molinari, PhD, ABPP
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: Norika Tsukada, PhD
The recipient, who became eligible after referring new member Tadashi Wada, DMD
was randomly selected using randomizer.org. For more details on the Colleague Connection promotion, visit www.geron.org/connection.
Unsung Heroines Deserve Credit During Older Americans Month

May is Older Americans Act Month as proclaimed by the president of the United States on April 30: “As vital members of our communities, seniors deserve the resources and information to stay healthy and safe. This year’s Older Americans Month theme, ‘Safe Today. Healthy Tomorrow,’ raises awareness about injury prevention. To take control of their safety, seniors can talk to their health care provider about the best physical activities for them, make sure their homes have ample lighting, and install handrails wherever they are helpful — particularly near stairs and in bathrooms.”

As important as this kind of safety is, I’d like to put a different spin on the theme and talk about exploitation prevention and staying financially safe. So for Older Americans Month 2014, I want to call to your attention three unsung heroines and their organizations that protect the older adult population: Cindy Hounsell, founder of the Women’s Institute for a Secure Retirement (WISER), Senator Elizabeth Warren (D-MA) for the Consumer Financial Protection Bureau (CFPB), and Brooke Astor for her unfortunate but pivotal role in helping the Elder Justice Coalition (EJC) secure passage of the Elder Justice Act. I have worked with these organizations and know first-hand the value of what they have been able to accomplish for older Americans.

We all should know the stark difference in the quality of life that older Americans have if they age with sufficient financial resources versus aging in poverty. I am not just speaking of being able to travel the world, play golf, go to the theatre, and help family members in need. I am referring to being able to pay for the care one needs, prescription drugs, and other basic necessities of life such as food and housing. The work of WISER, CFPB, and the EJC have all led to better financial health and safety of older adults.

WISER

Cindy Hounsell and WISER have been in the not for profit business of helping older women become more financial literate and protect themselves from fraud and exploitation for more than 18 years. Although I have said her work and organization have not received the credit they deserve, Hounsell has been recognized on occasion. Money magazine called her one of its “Money Heroes” and Women’s eNews honored Hounsell as one of 21 Leaders for the 21st Century. The ForbesWoman column named WISER’s website, www.wiserwomen.org, as one of its Top 100 Websites for Women 2012.

As current director of the National Resource Center for Women and Retirement Planning, funded by the U.S. Administration on Aging, Hounsell improves the lives of thousands of women each year by leading workshops, training grassroots advocates, and working closely with organizational partners to promote financial security and retirement planning.

Older women are targeted for financial exploitation and scams twice as often as men are. As a demographic, single women (unmarried, divorced, and widowed) comprise the largest segment of the senior population. Seniors, in general, control large amounts of wealth. Coupled with dependence on a trusted family member, attorney, or friend and a cognitive impairment or situation of isolation, it is easy to see how a person can be taken advantage of. Con artists and scammers can be quite convincing to an isolated, confused, or ill individual. The family member, attorney, friend, or neighbor can take advantage of these problems plus employ the element of familiarity to earn trust. As well, seniors are exploited financially by those who also physically and mentally abuse them. Seniors, older women especially, are a vulnerable group who need protection and education and advocacy.

WISER has devoted nearly two decades to educating women about how to avoid poverty in retirement. Preventing financial exploitation is an important aspect of being financially safe. A common refrain among victims is “Before I knew it, my money was gone.” Studies show that nine percent of financial abuse victims must turn to Medicaid after their own funds are stolen. In addition, financial fraud and abuse victims suffer health declines, are three times more likely to die prematurely, and four times more likely to go into a nursing home.

WISER has developed a training program for professionals who work with seniors, in partnership with the National Council on Aging, called Savvy Saving Seniors. WISER also works closely with the National Adult Protective Services Association to train APS workers on the different types of financial fraud and abuse scams and schemes and how to spot them.

Common types of financial fraud and abuse include misuse of assets by guardians and those with power of attorney; sweetheart scams, and telemarketing and mail fraud; theft, whether through identity theft or outright stealing of money or possessions; and negligence which involves neglecting an elder’s financial matters. WISER uses print media, webinars, fact sheets, workshops, and its website to raise awareness of the telltale signs of financial abuse: failure to pay bills; failure to buy food or medication; missing personal property or belongings; large amounts of money transferred or withdrawn; and isolation of the elder from friends or family.

WISER advises seniors to learn to protect themselves but family members need to be aware of these suggestions too.

1. Be alert to situations involving strangers or people who quickly become close to the older person over a short period of time.
2. Avoid isolation — stay involved in community and family activities. Get to know the resources in your community so you know who to ask if you have suspicions.

3. Always tell solicitors: “I never buy from (or give to) anyone who calls or visits me unannounced. Send me something in writing.”

4. Invest in a shredder and shred all receipts with credit card numbers, as well as unsolicited credit and debit cards that arrive in your mailbox.

5. Sign up for the “Do Not Call” list (1-888-382-1222) and get off multiple mailing lists.

6. Use direct deposit for benefit checks.

7. Never give credit card, banking, Social Security, Medicare, or other personal information over the phone unless you initiated the call.

8. Be skeptical of all unsolicited offers. As WISER says, “If it’s too good to be true, it probably is!”

As I move on to my second unsung heroine, I should mention that WISER was the only consumer organization specifically mentioned in the Dodd-Frank legislation, which created the CFPB’s Office for Older Americans.

CFPB

Many have certainly heard of the CFPB, which was originally proposed by Warren when she was a professor at Harvard Law School in 2007. The CFPB was created as part of the controversial Dodd-Frank Wall Street Reform and Consumer Protection Act in 2010. Within this agency is the Office for Older Americans; the primary goal of the office’s first head, Hubert “Skip” H. Humphrey III, was to spread the word far and wide about the issue of financial exploitation of the elderly and the new office’s work.

The current assistant director, Nora Dowd Eisenhower, has continued this outreach with numerous publications and reminds us that this is “the only office in the federal government specifically dedicated to the financial health of Americans aged 62 or older.” The office’s mission is to help older consumers get the financial education they need to avoid unfair, deceptive, and abusive practices. It helps consumers find answers to questions about financial products and services, powers of attorney, accepting assistance with bill paying and banking, and tips to avoid financial harm. The office also accepts consumer complaints, and works to coordinate efforts with federal and state regulatory agencies and law enforcement. What follows are a few of the Office for Older Americans’ excellent products and initiatives.

“Money Smart for Older Adults: Prevent Financial Exploitation” is an instructor-led training curriculum.

“Managing Someone Else’s Money” guides address issues millions of Americans face when managing money or property for a family member or friend who is unable to pay bills or make financial decisions.

“Interagency Guidance on Privacy Laws and Reporting Financial Abuse of Older Adults” clarifies that reporting suspected financial abuse of older adults to appropriate agencies does not, in general, violate the privacy laws. CFPB has disseminated the Guidance through stakeholder calls, speeches, webinars, press interviews and other vehicles.

“Protecting Residents from Financial Exploitation: A Manual for Assisted Living and Nursing Facilities” is a guide for administrators and key staff focuses on prevention, identification and early intervention in financial abuse cases. This document will be released this summer.

To find these materials, go to the office’s website at www.consumerfinance.gov/older-americans

EJC

I would be remiss if I did not mention the role that the Elder Justice Coalition has played in our nation’s awareness of and effort to end elder abuse, neglect, and financial exploitation. A great deal of the credit for this work and the passage of the Elder Justice Act goes to Bob Blancato, the EJC’s national coordinator, but in the messy world of legislation, there are sometimes tipping points that help bring an issue forward in the public or congressional eye. When the grandson of Brooke Astor, a wealthy New York socialite, went to court and filed a complaint charging his own father and his father’s lawyer with, among other things financial elder abuse, many saw for the first time that a well-known and seemingly financially secure person could be victimized.

Liz Lowey, the prosecutor in the case from the Manhattan District Attorney’s Office, doggedly pursued the case and by doing so raised the visibility of the case in the national media. This served to educate hundreds of thousands about what elder abuse is and that it can happen to anyone, rich or poor. So, Brooke Astor, the final heroine for my column, and her unfortunate victimization in her late 90’s helped to cast the issue in such a prominent light as to compel the passage of the Elder Justice Act.

For more than 12 years, the EJC has advocated for comprehensive approaches to addressing elder abuse, neglect, and exploitation, including the EJA and the language in the Dodd-Frank bill that created the Office of Older Americans in the CFPB. The EJC has provided congressional testimony and technical advice to members of Congress, influenced local and national media coverage, presented recommendations to the Elder Justice Coordinating Council, participated in the Department of Justice road map project, and continues to work to secure funding for the Elder Justice Act.

Suffice it to say, Older Adults are frequently targets for financial exploitation losing an estimated $2.9 billion each year. Many older adults, their families, friends, and policy makers are not aware of this crisis and are doing little to protect their life savings and financial futures. The ramifications of elder financial exploitation range from losing one’s sense of security to literally losing one’s ability to live independently. These three organizations through their outreach, education, and advocacy have helped prevent the loss of millions of dollars, piece of mind, and protected the independence of many older Americans. Happy Older Americans Month!
In-Home Care Agencies Growing in China

On March 13, english.news.cn ran an article addressing the increasing popularity of in-home nursing as a viable option for China’s aging population. According to the article, the trend toward in-home care agencies, also referred to as “virtual nursing homes,” is growing as China’s older adult population rises and the conventional homes for the older individuals face a shortfall in resources. China is reported to now have 200 million people aged 60 and over, equaling 14 percent of the total population. This number is expected to double to 400 million in 2050. However, with 40,000 nursing homes by the end of 2013, and less than 3.9 million beds available in those facilities, pressure from the growing demand for older adult services and care became overwhelming. Virtual nursing homes have been opening in various provinces offering necessary and convenient services, while also reducing the demand on resources. Although the industry is booming, it was noted that China should establish efforts in training staff in the field of aging and to increase supervision to ensure proper quality of services.

Video Games Target Japan’s Aging Population

Video game companies are targeting Japan’s older adult population for health reasons, according to articles from the Japan Daily Press and Channel News Asia. The pieces report on a nursing home mentioned is operated by an offshoot of globally famous video game company Namco Bandai, makers of 1980s arcade game Pac-Man. In this nursing home, day visitors, whose average age is 85, have a choice of activities, including assisted bathing, physiotherapy, lunch, and a series of arcade and video games. This new phenomenon is called “rehact” — a contraction of “rehabilitation” and “action” — and Kaikaya Ltd., the wholly-owned unit of Namco Bandai Holdings, is aiming to help the country’s aging population by reducing health costs by promoting physical activity. Among the game titles is “Dokidoki Hebi Taiji II” (“Thrilling Snakebuster II”), a game developed by Namco Bandai in cooperation with Kyushu University Hospital in western Japan. It is similar to a life-size version of whack-a-mole, where a seated player stamps on cartoon-like snakes that pop up at random around him. Developers say the motion strengthens legs and hip muscles, which may prevent falls. The same kit that younger individuals use in their games is now being used to change monotonous rehabilitation. Using the Kinect motion sensor developed by Microsoft for its video game console Xbox, a physical therapist worked with two companies to devise game software specifically to help boost strength and flexibility. Rehact is intended to also provide high-quality exercises for older people who live in rural areas away from specialized medical facilities. Last year, the Osaka-based Medica Shuppan Publisher released a similar game machine co-developed by Kyushu University researchers, and the same researchers are developing another game in a three-year program funded by the Japanese government. Nintendo has reportedly indicated that it aims to reboot its business by entering the health care industry with “non-wearable” products.

Training and Education Needed in Ireland’s Nursing Homes to Avoid Infection

The Irish Independent published an article on March 31 stating that nearly five percent of Irish nursing home residents have experienced a healthcare-associated infection. The most common infections are those of the respiratory tract, urinary tract, and skin, while there is also relatively high use of antibiotics. Approximately 9,318 residents in 190 Irish long-term care facilities were surveyed by the Health Protection Surveillance Centre as part of a European report, which indicated that although the majority of facilities reported the presence of a written hand hygiene policy the regular staff training in this area was not always offered everywhere. Eighty-eight percent of facilities reported that a training session had been scheduled in the past year. However, medical and allied health professional staff were less likely to be invited to attend the training sessions compared to nursing and hygiene services staffs. It was also discovered that not all of the long-term care facilities provided flu vaccines as a routine practice and two-thirds of the homes did not have antibiotic prescribing guidelines. The article reported that there is a shortage of specialist community nurses who train in infection control and could provide education, training, and support to nursing homes.

Continued from page 1 – GSA Strengthens Communication Between Pharmacists, Seniors

Harwood said, “The pharmacist encounter is a critical one for dealing with issues such as problematic drug interactions that are common with older adults; finding ways to improve this encounter is therefore really important.”

Numerous other members of GSA and its educational branch, the Association for Gerontology in Higher Education, were instrumental in developing content for the Silver Market series.

Four modules currently are available, focusing on the basics of aging and communication, medication safety, mild cognitive impairment, and pain management.

Future modules will focus on older adult diversity, medication adherence, sleep health, non-prescription sleep aid use, and non-prescription medication reconciliation. The online series is based on GSA’s 2012 publication “Communicating with Older Adults: An Evidence-Based View of What Really Works,” which was supported by McNeil Consumer Healthcare. Members can access the modules at www.geron.org/communicating.

GSA's technology partner in hosting the series is LearnSomething, Inc., a leading provider of e-learning solutions for the food, drug, and health care industries.
Funds Slated for Translational Research to Help Older Adults Maintain Independence

A new funding opportunity announcement from the National Institutes of Health invites applications using the R21 award mechanism for translational research that moves evidence-based research findings toward the development of new interventions, programs, policies, practices, and tools that can be used by organizations in the community to help older adults remain healthy and independent, productively engaged, and living in their own homes and communities. The goal of this funding opportunity is to support translational research involving collaborations between academic research centers and community-based organizations with expertise serving or engaging older adults (such as city and state health departments, city/town leadership councils, educational institutions, workplaces, Area Agencies on Aging, and organizations funded or assisted by the Corporation for National and Community Service) that will enhance understanding of practical tools, techniques, programs and policies that communities across the nation can use to more effectively respond to needs of the aging population. The next due date is June 16 and this announcement expires in 2017. Additional information can be obtained at 1.usa.gov/1eCmwcR.

Grants Will Spur Research on Juvenile Protective Factors for Aging

The National Institute on Aging and the Eunice Kennedy Shriver National Institute of Child Health and Human Development are inviting pilot/feasibility projects on descriptive studies to identify putative juvenile protective factors; experimental studies to test hypotheses about their effects on aging; and translational studies to explore the potential risks and benefits of maintaining or modulating the level of juvenile protective factors in adult life. Juvenile protective factors are physiological factors that maintain or enhance certain functions across all or some stages of post-natal maturation, but which diminish or disappear during transitions between developmental stages (e.g., infancy, adiposity rebound, adrenarche, puberty, growth cessation). The full funding announcement can be viewed at grants.nih.gov/grants/guide/par-files/PAR-14-022.html. The next application due date is June 16.

AHRQ Aims to Translate PCOR Findings into Primary Care Practice

The Agency for Healthcare Research and Quality (AHRQ) is seeking applications to disseminate patient-centered outcomes research (PCOR) findings directly to primary care practices and to support them in implementing PCOR clinical and organizational findings. Applicants must propose a comprehensive approach that uses evidence-based quality improvement strategies, such as practice facilitation, designed to improve the capacity of primary care practices to implement new PCOR content into the delivery of care. While applications must be submitted by single, eligible organizations, AHRQ recognizes that the scope and breadth of this project is likely best carried out through partnerships of multiple entities. AHRQ strongly encourages applications that bring together the skills, experiences, and resources of local organizations. Applications are due by July 3. To learn more, visit 1.usa.gov/1fxgmoa.

Federal Grants Will Support Technologies for Healthy Independent Living

The National Institute of Health has issued a funding opportunity announcement for research, development, and evaluation of systems that protect, measure, monitor, or enable personal motion, vital signs, and physiological measures in real-time and minimally obtrusive ways. These technologies are designed to inform clinical decisions, allow monitoring of personal motion, and deliver therapies in a manner that minimizes disruption to an individual’s daily life and at all times protects their privacy, dignity, and comfort. The next application due date is September 23. For more information, visit 1.usa.gov/1evThZ.

Continued from page 1 – Scholars Propose New Standards for Gauging Muscle Decline

criteria, the scientists working within the Sarcopenia Project pooled data from nine large studies of older people living in the community and analyzed it for grip strength, gait speed, body mass index (BMI), and appendicular lean mass (ALM), which is a measurement of muscle mass in the arms and legs. The total sample included more than 26,000 participants. The average age of the men was about 75.2 years, and the average age of the women was 78.6 years. Women comprised 57 percent of the sample.

Based on their analyses, the investigators recommend that weakness be defined as grip strength less than 57 pounds (26 kilograms) for men and 35 pounds (16 kilograms) or less in women, and low muscle mass defined as an ALM-to-BMI ratio of less than 0.789 for men and 0.512 for women. Both of these criteria were associated with increased risk of developing mobility impairment over three-years of follow-up.

They also noted that the datasets included primarily healthy older people who lived within the community; they noted that additional research is needed in more vulnerable older populations where disability rates are higher.

In the final article in the series, the authors propose adopting the term “skeletal muscle function deficit” as a new terminology to embrace the evolving conceptualization of sarcopenia and other age-related muscle dysfunction; they argue it has the potential to provide a framework for developing diagnostic categories that are useful for both clinical practice and research.

GSA members may access the articles by logging in through www.geron.org/publications and then proceeding to The Journals of Gerontology, Series A site.
The Election Result

GSA congratulates the following candidates at the conclusion of the 2018 GSA election:

**GSA Wide**

- **President-Elect**: Nancy L. Morrow-Howell, MSW, PhD
- **Secretary-Elect**: Tamara A. Baker, PhD

**Behavioral and Social Sciences Section**

- **Chair-Elect**: Susan Krauss Whitbourne, PhD
- **Secretary-Treasurer**: Janet M. Wilmoth, PhD

**Member-At-Large**

- **Philippa J. Clarke, PhD, MSc**
- **Christopher Hertzog, PhD**
- **Jacqui Smith, PhD**

Bylaws

In addition to the new officers, members voted on a series of revisions to the GSA bylaws and amendments are pending. The new officers will take office on July 1, 2018.
Results Are Here!

Candidates, who will take their offices at the 2014 Annual Scientific Meeting.

**Biological Sciences Section**
- Chair-Elect: Donna J. Holmes, PhD
- Secretary-Treasurer: Jeanne Y. Wei, MD, PhD

**Health Sciences Section**
- Chair-Elect: James A. Ashton-Miller, PhD
- Secretary: James S. Powers, MD

**Social Research, Policy, and Practice Section**
- Chair-Elect: Sheryl Zimmerman, PhD
- Secretary: Joseph G. Pickard, PhD, LCSW

**Emerging Scholar and Professional Organization**
- Chair-Elect: Jaime M. Hughes, MPH, MSW
- Secretary: Glenna S. Brewster, MS, RN, FNP-BC
- Communications Chair: Linda S. Park, PhD

Change:
- The election of new officers was voted to approve amendments to the core document. The changes are summarized in this page of the newsletter.
GSA Updates
Organizational Bylaws

Over the course of the last year, a Bylaws Workgroup — consisting of a cross-section of GSA members — prepared a number of revisions to the Society’s governing bylaws. These amendments were reviewed and approved by GSA’s Executive Committee at its January 16 meeting, and put to the membership for a vote during the recent election of officers. A majority of members voted to adopt the revised bylaws, which will become effective at GSA’s Annual Scientific Meeting this November. The most significant changes are summarized below.

Article I. Name, Purposes, and Mission

SECTION 2. PURPOSES: The first bullet is reworded to broaden the scope and be inclusive of all scientific and scholarly disciplines. It now reads:
• to promote the study of aging in all scientific and scholarly disciplines;

Article III. Membership

SECTION 2. CLASSES OF MEMBERSHIP: Three modifications were made to this clause. The first is to group all student classes of membership (Undergraduate, Student, and Transitional) into one group titled Student; the second change is the addition of a new membership type, Retired, which will be eligible to those who would not qualify for emeritus due to the 20-year membership requirement; lastly, a sentence was added to indicate that all classes of membership are obligated to pay dues unless GSA deems otherwise.

Subsection b. Members: Members may now opt to become a member at large rather than affiliate with one of GSA’s four professional sections. This will allow members whose scholarly work may not be applicable within one of the four sections, or those who are exploring the Society, time to select the appropriate section that best fits their professional needs.

Subsection c. Student Members: The full-time criteria for a Student member to join the society were removed.

Subsection d. Emeritus: All Emeritus members prior to 2014 are not required to pay dues. This sentence was added because of the change in Article III, SECTION 2 above.

SECTION 3. DISCONTINUANCE OF MEMBERSHIP: Clarifies action to be taken when a member has not paid dues; specifically, membership will be discontinued following a grace period determined by Council.

Article VII. Committees

SECTION 1. COMMITTEES: Simplifies the categories of committees to Standing Committee and removing references and descriptions of primary and secondary committees.

SECTION 2. SPECIAL COMMITTEES

Subsection b. Society Task Forces: Converts the current four task forces, Task Force on Interest Groups, Task Force on Women, Task Force on Minority Issues, and Task Force on Mentoring to committee status. These groups will now be termed Committee on Interest Groups, Committee on Women, Committee on Minority Issues, and Committee on Mentoring.

SECTION 3. STANDING COMMITTEE: Unless otherwise noted, all Standing Committees will have a consistent term structure. This structure will be:
• Three-year terms for Section members
• Two-year terms for Unit members
• Two-year terms for Student members
• A three-year term for chair
  • First year as chair-elect
  • Second year as chair
  • Third year as past chair.
Report Catalogs Scope of Spousal Caregivers’ Work

The United Hospital Fund and AARP Public Policy Institute have issued a report showing that spouses who are caregivers not only perform many of the tasks that health care professionals do — a range of medical/nursing tasks including medication management, wound care, using meters and monitors, and more — but they are significantly more likely to do so than other family caregivers, who are mostly adult children. Nearly two-thirds of spouses who are family caregivers performed such tasks (65 percent), compared to 42 percent of nonspousal caregivers. There are more than 42 million unpaid family caregivers in the U.S. Despite these demanding responsibilities, spouses were less likely than nonspousal caregivers to receive in-home support from health care professionals; 84 percent of spousal care recipients received no professional health care on site, compared to 65 percent of nonspousal care recipients. Compounding the challenge, spouses were also less likely to receive help from family or friends or home care aides: 58 percent of the spouses reported no additional help from others, compared to 20 percent of nonspouses. “Family Caregivers Providing Complex Chronic Care to Their Spouses,” a publication in the Insight on the Issues series, summarizes the new findings drawn from additional analysis of data based on a December 2011 national survey of 1,677 family caregivers, 20 percent of whom were spouses or partners. This new publication, authored by GSA member Susan C. Reinhard, PhD, Sarah Samis, and Carol Levine, is available at bit.ly/1gBnQYL.

Boston Issues Report on Senior Population

The mayor of Boston, Martin J. Walsh, recently released “Aging in Boston,” a comprehensive report on Boston seniors produced by the Boston Commission on Affairs of the Elderly in collaboration with the Center for Social and Demographic Research on Aging at the Gerontology Institute of the University of Massachusetts Boston. Research staff at the center performed all calculations and generated the report based on publicly available data obtained from the U.S. Census Bureau, the Boston Public Health Commission, and from the Boston Redevelopment Authority. Projections for the Boston population were generated by the UMass Donahue Institute and by the Metropolitan Area Planning Council. The report includes information related to the welfare of older adults in Boston with data on age, gender, race, education, as well as income, housing situation, mobility, and health and disabilities. The report highlights an increasingly diverse senior community where nearly one in five older adults speaks little to no English and live in linguistically isolated households. While many seniors have the resources they need as they age, 75 percent of Boston seniors living alone have incomes insufficient to meet their expenses. Additionally, while there are many Boston residents who are still healthy and thriving, 50 percent of residents age 80 and over don’t have access to a vehicle and one out of five seniors age 60 to 70 report ambulatory difficulties. The city of Boston will join the World Health Organization’s Age Friendly Cities Network to better prepare Boston for the growth in the over 60 population. To view the full report, visit the City of Boston’s Elderly Commission website at www.cityofboston.gov/elderly.

Internet Use May Cut Retirees’ Depression

Spending time online has the potential to ward off depression among retirees, particularly among those who live alone, according to research published online in The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences. In the article “Internet Use and Depression Among Retired Older Adults in the United States: A Longitudinal Analysis,” the authors report that Internet use reduced the probability of a depressed state by 33 percent among their study sample.

Late-life depression affects between 5 and 10 million Americans age 50 and older. This new study shows that the Internet offers older Americans a chance to overcome the social and spatial boundaries that are believed to fuel depression.

The research was conducted by Shelia R. Cotten, PhD, of Michigan State University; George Ford, PhD, of the Phoenix Center for Advanced Legal & Economic Public Policy Studies; Sherry Ford, PhD, of the University of Montevallo; and Timothy M. Hale, PhD, of the Center for Connected Health and Harvard Medical School.

“Retired persons are a population of interest, particularly because one mechanism by which Internet use may affect depression is to counter the effects of isolation and loneliness, which are more common among older adults,” the authors stated. “Also, working individuals may be required to use the Internet rather than choosing to, and may use the technology for different reasons than those not working.”

The data were obtained from four waves of the Health and Retirement Study, a longitudinal survey collecting information from more than 22,000 older Americans every two years. The current study sample included 3,075 community-dwelling respondents observed over 4 waves of data, from 2002 to 2008, yielding a total of 12,300 observations.

The measurement of Internet use was based on a question asking participants, “Do you regularly use the World Wide Web, or the Internet, for sending and receiving e-mail or for any other purpose?” Depression was measured using an eight-item version of the Center for Epidemiologic Studies Depression Scale.

With other factors constant, the authors found that Internet users had an average predicted probability of depression of .07, whereas that probability for nonusers was .105. Based on the difference, Internet use led to a 33 percent reduction in the probability of depression.

“One number of people in the household partially mediates this relationship, with the reduction in depression largest for people living alone,” the authors wrote. “This provides some evidence that the mechanism linking Internet use to depression is the remediation of social isolation and loneliness. Encouraging older adults to use the Internet may help decrease isolation, loneliness, and depression.”
Religious Music Brings Benefit to Seniors’ Mental Health

A new article published online in *The Gerontologist* reports that among older Christians, listening to religious music is associated with a decrease in anxiety about death and increases in life satisfaction, self-esteem, and sense of control over their lives. In particular, listening to gospel music is associated with a decrease in anxiety about death and an increase in sense of control.

These associations are similar for blacks and whites, women and men, and individuals of both low- and high-socioeconomic status. The article, titled “Listening to Religious Music and Mental Health in Later Life,” was authored by Matt Bradshaw, PhD, of Baylor University; Christopher G. Ellison, PhD, of the University of Texas-San Antonio; Qijan Fang, MA, of Bowling Green State University; and Collin Mueller, MA, of Duke University.

“Religion is an important socioemotional resource that has been linked with desirable mental health outcomes among older U.S. adults,” the authors stated. “This study shows that listening to religious music may promote psychological well-being in later life.”

The data for the study come from two waves (taken in 2001 and 2004) of the nationwide Religion, Aging, and Health Survey of older black and white U.S. adults. The population consisted of household residents who were either black or white, non-institutionalized, English speaking, and at least 65 years of age. Responses were only collected from currently practicing Christians, those who identified as Christians in the past but no longer practice any religion, and those not affiliated with any faith at any point in their lifetime. The present analysis is based upon 1,024 individuals who participated in both waves of the survey.

“Given that religious music is available to most individuals — even those with health problems or physical limitations that might preclude participating in more formal aspects of religious life — it might be a valuable resource for promoting mental health later in the life course,” the authors wrote.

The survey respondents were asked how often they listened to both religious music and gospel music on a scale ranging from “never” to “several times a day.” Death anxiety, life satisfaction, self-esteem, and sense of control were measures how strongly the respondent agreed with a series of statements. These included, but were not limited to, “I find it hard to face up to the fact that I will die,” “These are the best years of my life,” “I take a positive attitude toward myself,” and “I have a lot of influence over most things that happen in my life.”
Finding Your GSA “Home”: The Behavioral and Social Sciences Section

Thanks are given to Christina E. Horsford, LMSW, MPA, for serving as the primary author of this month’s column.

For the past two months we have highlighted one of the four GSA professional sections to facilitate ESPO members’ knowledge of these groups. This month ESPO News presents the Behavioral and Social Sciences (BSS) Section — the largest within GSA. Members include anthropologists, economists, epidemiologists, humanists, political scientists, psychologists, sociologists, social workers, and aging scholars in many additional fields. The purpose of the BSS Section is to advance the scientific and scholarly study of the aging process in the behavioral and social sciences. Half of GSA’s student members affiliate with the BSS Section, which makes up 45 percent of the overall GSA membership.

The benefits of being part of a section with large membership, according to current BSS Chair Thomas Hess, PhD, are that “large numbers of individuals are doing research and see GSA as a primary affiliate.” BSS members have the potential to meet and work with a large cross-section of prominent scholars. While members of smaller sections, like the Biological Sciences section, belong to additional associations outside of GSA, BSS members rely more heavily on the section for the many professional networking, collaboration, and mentorship opportunities that are available.

The BSS section is very diverse in terms of disciplinary background and members’ country of origin. BSS needs “a diverse group in terms of membership. Educators, policy makers, and clinical sciences” are all actively involved and welcome to join the section, according to BSS Chair-Elect Jacqueline Angel, PhD. She added that BSS members from different disciplines investigate myriad aging topics including retirement in welfare states, affordability of older age, and resilience. Members of the section hail from all over the world, and this diversity advances global aging studies and comparative analyses.

Hess strongly encourages ESPO members to take advantage of mentoring opportunities and to pursue collaborations with peers, distinguished faculty, and retired faculty. The BSS section leadership wants “to make sure the next generation of scholars builds upon current and past work,” Angel said. To increase the likelihood of student involvement in mentorship activities, the BSS section offers many opportunities for students and mentors alike.

BSS offers competitive awards, including the Richard Kalish Innovative Publication Award and Student Research Award. BSS also highlights the significant contributions of more established BSS members with the Distinguished Career Award and Distinguished Mentorship Award, which “spotlight the tremendous scholarship” of BSS members, according to Angel.

Competitive travel scholarships to attend the GSA Annual Scientific Meeting are also available to student members. Additionally, The Mentoring Effect, a special project of the GSA Innovation Fund, was launched in 2013. It is a three-year special development effort to raise funds to exclusively support mentorship within the Society. It was spearheaded by former BSS Chairs Keith Whitfield, PhD, and Deborah T. Gold, PhD, who have been instrumental in this large fundraising effort, which will benefit ESPO members Society-wide.

Communication between BSS members and the BSS Executive Committee is encouraged and easy to achieve. A list of BSS Officers is available to current and prospective members on the GSA website. Additionally, the current chair sends regular section e-newsletters.

Lydia Manning, PhD, the ESPO senior representative to BSS, suggested that all BSS emerging scholars attend the business meetings and awards presentation luncheon at the Annual Scientific Meeting. “Get involved … show up and serve on committees. Contact chairs to learn how you can become involved. It’s vital ‘younger’ GSA members get involved. The future and vitality of the Society depend on it.”

Interested GSA members can find more information and details on the BSS section under the “Membership” portion of the GSA website.
RESEARCH GERIATRIC FACULTY OPENING

The Division of Geriatric Medicine, Department of Medicine and the Center for Aging and Health have an Assistant Research Professor faculty position available. This broad-based recruitment seeks an outstanding junior scientist in the areas of aging and functional decline particularly as related to cancer patients. Applicants should have a doctoral degree and a strong record of recent accomplishments as a post-doctoral fellow or sustained productivity as an established faculty member. Expertise in oncology research is highly desirable. Applications will be reviewed until the position is filled.

The Division of Geriatric Medicine and the Center for Aging and Health support excellence in clinical care, evidence-based training and research. Our unique programs are supported by the John A. Hartford Foundation Center of Excellence award, The Donald W. Reynolds Foundation Next Steps award, the Health Resources and Services Administration funded Carolina Geriatric Education Center, and The National Institute on Aging Medical Student Training in Aging Research (MSTAR) award. Our highly qualified and nationally known faculty members are dedicated to innovations in care with resulting improvements in health outcomes and quality of life for the aging population. Research investigators will find rich opportunities for interdisciplinary research on our unique 5-school Health Affairs campus (Schools of Public Health, Pharmacy, Nursing, Social Work, and Medicine), and including CTSA-funded Transitional and Clinical Science Institute, the Cecil Sheps Center for Health Services Research, and the Lineberger Cancer Center, among others.

Candidates should apply for this position online at https://unc.peopleadmin.com/postings/38536 and attach a cover letter, CV, and 3 potential references.

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CLINICAL/RESEARCH GERIATRIC FACULTY OPENINGS

The Division of Geriatric Medicine, Department of Medicine and the Center for Aging and Health at The University of North Carolina School of Medicine at Chapel Hill invites applications for academic faculty positions. Applicants must be board-eligible / board-certified in Geriatric Medicine, with potential or established success as a clinician-educator or clinician-investigator. Board eligibility or certification in other specialties in addition to Geriatrics is welcome. Administrative opportunities are available for qualified individuals. Positions are open rank; rank and track will be dependent on qualifications and experience.

The Division of Geriatric Medicine and the Center for Aging and Health support excellence in clinical care, evidence-based training and research. Our unique programs are supported by the John A. Hartford Foundation Center of Excellence award, The Donald W. Reynolds Foundation Next Steps award, the Health Resources and Services Administration funded Carolina Geriatric Education Center, and The National Institute on Aging Medical Student Training in Aging Research (MSTAR) award. Our highly qualified and nationally known faculty members are dedicated to innovations in care with resulting improvements in health outcomes and quality of life for the aging population. Faculty opportunities include work in our interdisciplinary, award-winning Geriatrics Specialty Clinic, multiple continuing care retirement communities, assisted living facilities, home care, and Acute Care of the Elderly Inpatient Service. The Division leads the UNC Palliative Care Program – a nationally recognized clinical and research program – and applicants with expertise in Hospice and Palliative Medicine are encouraged. Clinician-investigators will find rich opportunities for interdisciplinary research on our unique 5-school Health Affairs campus (Schools of Public Health, Pharmacy, Nursing, Social Work, and Medicine), and including CTSA-funded Transitional and Clinical Care Service Institute, the Cecil Sheps Center for Health Services Research, and the Lineberger Cancer Center. Many collaborative research opportunities are available including our foundation-funded Transitions of Care Program and Pelvic Floor Disorders Program. And keep in mind, these opportunities are in “the southern part of heaven,” a region known for outstanding quality of life!

All qualified individuals, including those with bilingual skills, are encouraged to apply. Candidates should apply for this position online at http://unc.peopleadmin.com/postings/37082 and attach a cover letter, CV, and 3 potential references.

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Gerontology Class Publication Turned into Book
In her spring 2013 gerontology class Issues in Aging: Service Learning, GSA member Janet Hahn, PhD, of Western Michigan University assigned a project that was inspired by two retired faculty members who undertook a similar project in the 1980s where students compiled recipes from the Great Depression. Hahn’s students were asked to gather people’s memories of the World War II era. The 22 students discussed World War II, developed questions, and conducted eight interviews each throughout the community. The project grew into a book of nearly 200 people’s memories of this time period; “There is No Substitute for Victory — Remembrances of World War II” is now available online at wmich.edu/disabilitycenter for a fee and includes sections such as Rationing, Communication, Our Troops, Family Life, Our Brave Men and Women, After the War, Patriotism, Rest in Peace, Stories Told from Men and Women Around the World and Recipes.

Canoga Park Vocational School Offers Pathway to Health Care Jobs
California Career College, a southern California vocational nursing school, is offering local residents 18 or older with a high school diploma or the GED equivalent the chance to enter the growing field of healthcare by becoming licensed vocational nurses. The school also offers currently licensed vocational nurses the chance to earn their IV therapy certification. Based in the heart of Los Angeles’ San Fernando Valley, California Career College is offering courses that cover such key topics as anatomy and physiology, nutrition, gerontology, mother/child health, pharmacology, and communication techniques. The school provides emphasis on hands-on experience, as well as an up-to-date curriculum that is sensitive to the needs of students of all religious, social, ethnic, and sexual orientations. The school has added an IV therapy certification program to its offerings. This 30-hour course provides instruction on all aspects of inserting the intravenous devices commonly used in hospitals and other clinical settings. IVs are used to provide medication, blood, nutrition, and hydration, all crucial to a patient’s recovery.

Fall Prevention Screenings Conducted by Appalachian State University’s Institute
Appalachian State University’s BlueShield of North Carolina Institute for Health and Human Services began offering free monthly Community Health and Mobility Partnership (CHAMP) screenings at a local Senior Center in April and will continue the screenings through November in order to assist with the prevention of falls among older people. The CHAMP program is designed to improve strength, balance and mobility to help older individuals avoid falls and to maintain independence and an active lifestyle. The monthly screenings will be completed by both a nurse and a physical therapist who will identify those who are at risk for falls and subsequently develop an individualized plan of fall prevention recommendations. The CHAMP screening is geared towards those who have experienced one or more falls, or those that want to reduce fall risk factors, improve strength, balance, or mobility, maintain fitness, and/or would like advice about assistive devices.

Misericordia Introduces Online Doctor of Nursing Practice Degree
The Department of Nursing at Misericordia University has launched an online Doctor of Nursing Practice (DNP) degree program for the upcoming fall semester. This is the third doctoral program offered at the school, located in Pennsylvania. The 27-credit part-time MSN to DNP track can be completed in two calendar years. An optional nine-credit specialization in nursing education is also available for advanced practice nurses who wish to become educators on the collegiate level. The Misericordia University DNP program is a practice-focused doctoral degree that educates nurses to become expert clinicians, leaders in health policy, and catalysts for improved health care delivery within an inter-professional environment. The curriculum consists of didactic and clinical course work structured around the American Association of Colleges of Nursing Essentials of Doctoral Education for Advanced Nursing Practice. More information may be obtained at www.misericordia.edu.