Journals Remain Leaders of Most-Cited Aging Publications

New impact factor metrics released in the latest issues of Journal Citation Reports again show GSA’s peer-reviewed journals as among the highest ranked in their field.

In Journal Citation Reports: Social Sciences Edition, The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences took the top spot on the list of 30 for the third consecutive year, and The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences and The Gerontologist took the fifth and seventh spots, respectively.

In Journal Citation Reports: Science Edition, The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences ranked sixth and The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences ranked 16th out of 46. The Gerontologist is not ranked in this edition.

Second-Year Mobility Workshop Targets Neural Mechanisms

The second installment in GSA’s workshop series on aging, the central nervous system (CNS), and mobility in older adults will be titled “Neural Mechanisms of Mobility Impairments” and take place just prior to the start of GSA’s Annual Scientific Meeting in San Diego in November.

Launched last year thanks to a cooperative conference grant from the National Institute on Aging (NIA), the primary purpose of this three-year series is to highlight the emerging field examining the interplay between the central nervous system and mobility impairment in community-dwelling older adults. The workshops are expected to foster the exchange of research findings and new ideas — as well as address related methodological issues and research barriers — in order to identify the role of the central nervous system in mobility loss.

The principal investigators on this grant are GSA members Caterina Rosano, MD, MPH, and Stephanie A. Studenski, MD, MPH, and GSA Deputy Executive Director Linda Harootyan, MSW.

“Mobility impairment is associated with loss of independence, substantially reduced quality of life, hospitalization, and premature death,” Rosano said. “Yet, mobility impairments in older adults living in general community settings are largely understudied, particularly regarding the role of the CNS. These gaps in research have hampered the development of clearly defined pathophysiology, clinical terminology, and effective treatment strategy.”

As a result, slower gait in an older person is often regarded as normal. The results of the first workshop, however, indicate that this should not be the accepted wisdom.

Continued on page 6
From the Executive Director

We Can Do Better
By James Appleby, RPh, MPH
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It’s a scene that plays out daily in exam rooms across the country. The aging patient, accompanied by a caregiver, is seeing his or her physician and a discussion starts regarding the patient’s memory. As readers may recall from an earlier column, my family is now among the growing number of Americans who are watching their loved ones age and have participated in this sad and uncomfortable drama with a parent’s physician.

My mom was recently diagnosed with one of the many forms of dementia GSA members study and that families wrestle with every day. The physician performed physical assessments and conducted multiple cognitive challenges with my mom for over 30 minutes before reaching his diagnosis of Lewy Body Disease. As painful as it is to learn this, my family doesn’t dispute the diagnosis; there are clearly cognitive changes underway. Having a name for the condition is oddly validating and comforting. Now we can work on making the most of the time left and ensuring my mom gets all of the supports possible to help her continue to enjoy her early 80s.

However, I do have a concern about how the diagnosis was communicated. After making his decision, the physician matter-of-factly informed my mom that she had Lewy Body Disease before also tersely informing her that she could not drive anymore (an especially pragmatic issue for older adults in rural settings) and that she could not live alone (not an issue for her since my sister lives with her). There was no discussion of what the diagnosis means (and what it does not mean), no explanation of what the future trajectory of the disease may (or may not) be, no explanation of what the prescription he provided to her would do (or what side effects to look out for), no discussion of how to tap available community resources, and no guidance to the caregiver about prudent next steps.

I’m heartened knowing there are pockets of excellence nationally in which new chronic care integration and coordination models are improving the care of dementia patients so their experience is nothing like this. However, given the legions of older adults that will receive a similar diagnosis over the next 20 years, we need to find a way to improve the process in every exam room so that every patient has a “dignified diagnosis” as described by the Alzheimer’s Association.

In some respects, this situation reminds me of the 1980s HIV/AIDS epidemic. Healthcare professionals were challenged in communicating with patients, families, and loved ones due to a sense that little could be done, a lack of clarity about the future trajectory, and the absence of a clear communications protocol. It was a time early in the disease before the discovery of highly effective medicines to treat the infection and interventions to prevent the disease.

To address this need, processes and protocols to systematize HIV screening and the diagnosis of AIDS were developed. Those patients testing positive were educated about what a positive test result meant (and what it did not mean) as well as what a negative result meant (and what it did not mean). During this period, having consistent guidance about how and what to communicate to those being screened was helpful to all involved.

For clinicians, patients, caregivers and families confronting a dementia diagnosis, we need to find ways to get a more consistent process into the exam room to make this devastating but necessary dialog more useful. Developing and implementing a systematic process to increase the likelihood of clear, complete communication as a part of early screening and throughout the determination of a dementia diagnosis would be a good start.

James

Gerontology News (ISSN 1083 222X) is published monthly by The Gerontological Society of America, 1220 L Street NW, Suite 901, Washington, DC 20005 and additional mailing offices. Subscription for members of the Society is included in annual dues. Non-member subscription rate is $50 per year in the US or Canada. Foreign subscriptions are available for an additional $25 to cover air mail overseas postage and special handling. News items must be submitted by the first of the month prior to publication.

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In Memoriam

Stanislav V. “Stan” Kasl, PhD, a professor at the Yale University School of Public Health for 42 years, passed away on June 9 at age 78. He served as director of the university’s Social and Behavioral Science Program from 2002 to 2003 and as head of the Division of Chronic Disease Epidemiology from 2003 to 2009. His research focused on psychosocial epidemiology, job loss and stress, incidence of disease, course of illness and disability, psychiatric epidemiology, and aspects of mental health and well-being. Kasl’s work contributed to the understanding of determinants of mortality, morbidity and disability in older individuals and older couples, race differences in cancer stage at diagnosis, as well as to screening behaviors and survival, and influences of religious dimensions on health and functioning. He received numerous awards for his research and mentorship including a Lifetime Career Achievement Award, co-conferrred by the American Psychological Association, the National Institute of Occupational Health and Safety, and the Society for Occupational Health and Psychology. He also received the GSA Distinguished Mentorship in Gerontology Award in 2001.

New Publications by Members


Members in the News

• On March 19, Association for Gerontology in Higher Education Fellow Eleanor Krassen Covan, PhD, was quoted extensively in the McKnight’s Long-Term Care News article titled “Who These People Are: Nursing Home Care for Vietnam Vets” regarding her research on aging Vietnam veterans.

• On April 22, The New York Times published an article on older adults seeking psychological therapy, often for the first time. GSA Fellows Dolores Gallagher-Thompson, PhD, Bob Knight, PhD, and Karl Pillemre, PhD, were quoted.

Member Spotlight

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

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: LaDora V. Thompson, PhD, BS PT

The recipient, who became eligible after referring new member Katie R. Fandrey, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/connection.

Crist Receives 2013 WIN Award

The Western Institute of Nursing (WIN) has named Janice D. Crist, PhD, RN, FAAN, FNGNA, the 2013 winner of the WIN-Hartford Regional Nursing Research Award for an Experienced Researcher. In 2001, WIN established the award in partnership with the John A. Hartford Institute for Geriatric Nursing. Its goal is to foster and showcase geriatric nursing research. Two recipients may be selected annually: a senior researcher and a new researcher. Crist is recognized by the interdisciplinary scientific community as well as by Latino organizations and local community associations for creative implementation of community-partnered research, culturally-competent interventions, and modeling the pivotal roles of interdisciplinary community-based practice for over 10 years. Her program of research includes testing a “telenovela” videotape intervention to increase Mexican American elders’ and their caregivers’ use of home health care services, and investigating transitional care in order to create a unified coordinated national effort to influence public policy, especially for elders of vulnerable populations to age in place.

University of Michigan Names Green Health System Vice President

The University Of Michigan Board Of Regents named GSA Fellow Carmen R. Green, MD, as its Health System’s inaugural Associate Vice President and Associate Dean for Health Equity and Inclusion, effective in February. An outcomes researcher, Green has revealed inequalities in pain and pain care based on race, ethnicity, gender, and other factors across the lifespan. She has worked locally and nationally to develop the health sciences pipeline for underrepresented minorities and women. Green will use her clinical, education, research, and public policy experiences to lead the University of Michigan Health System's efforts to find and address inequities in care, education, and research in Michigan and beyond, and to create a pathway for individuals entering health careers, especially those who are underrepresented in health care. Green also is a co-director for the Community Liaison Core and director of the Healthier Black Elders Center for the Michigan Center for Urban African American Aging Research at the University of Michigan Institute for Social Research.

Ditzion Earns NASW Lifetime Achievement Award

Joan Ditzion, LCSW, was awarded the Lifetime Achievement Award by The Massachusetts Chapter of the National Association of Social Workers (NASW) at its 41st Annual Awards Ceremony on April 9. Ditzion is a founder of The Boston Women’s Health Book Collective, now known as Our Bodies Ourselves, and co-author of all nine editions of “Our Bodies Ourselves,” “Ourselves and Our Children” (1978), and “Our Bodies Ourselves, Menopause” (2006). “Our Bodies Ourselves” has been translated/ adapted into 26 languages and recently the Library of Congress named the book one of the 88 books that “shaped America.” Ditzion has been a longstanding advocate supporting women’s health, growth, and well-being throughout the life cycle. Since 1985, she has been a geriatric social worker; her focus has gradually transitioned to the issues of aging and older women and families.
Each year at this time, the days get shorter, the evenings cooler, and Congress comes back to Washington. Lately, many of us question whether this migration back is a positive development. However, September guarantees at least one piece of good news in the announcement of the new Health and Aging Policy Fellows.

The Health and Aging Policy Fellows Program is supported by The Atlantic Philanthropies and is administered by Columbia University under the direction of Harold Alan Pincus, MD. For more information, please go to www.healthandagingpolicy.org.

The value and influence of these fellowships on informed public policy cannot be overstated. These fellows bring sorely needed real-world experiences and research know-how to policy makers. With so many bright, but young and relatively inexperienced, staff filling key policy roles on the Hill, fellows add depth, understanding of the use of empirical data, and wisdom to the process.

We have many examples of fellows who have become the most respected voice on particular issues within congressional offices and committees, and state agencies. Further, the researchers, health care professionals, social workers, and educators who make the leap to become policy fellows help to strengthen the foundation for effective use of research among the professionals working in government. Fellows often help staff sort through the many studies and research reports full of statistics, analysis, and information on complex issues. They also write laws, create programs, analyze regulations, and influence support for a position. That represents real power in DC and state capitals across the nation. These advocacy roles are also extremely rewarding for a fellow who has first-hand knowledge of the challenges facing older adults.

Another aspect of the fellowship programs is that they enable our colleagues to develop long-term relationships. Although we live in a world of vast resources available at our fingertips, so much of what really makes a difference is still conveyed through human interaction. Relationships have always driven politics and policy; today we see how the breakdown of relationships among legislators on Capitol Hill has contributed to gridlock and crippling partisanship.

The residential track allows fellows to participate in the policymaking process on either the federal or state level as legislative assistants in Congress, professional staff members in executive branch agencies, or policy organizations. The non-residential track allows fellows to remain at their home institution but work on a policy project that involves brief placement(s) throughout the year at relevant sites.

I wish this year’s fellows good luck and good skill and I hope to see some of you in DC. I invite Gerontology News readers also to consider applying to this or one of the other fellowships I mention at the end of the column. Summarized below are the bios of the 2013–2014 Health and Aging Policy Fellows. (An * indicates a GSA member.)

Kate Clark, MPA (Non-residential) Kate Clark is a planner for policy & program development at the Philadelphia Corporation for Aging (PCA), the Area Agency on Aging for Philadelphia. Since joining PCA in 2008, she has worked to develop two nationally award-winning programs. Age-Friendly Philadelphia catalyzes new initiatives, policies, and multi-disciplinary collaborations that facilitate more supportive neighborhood environments for seniors. GenPhilly (Generation Appreciation Philadelphia) is a network of over 350 emerging leaders from a variety of disciplines who are serving as ambassadors for Age-Friendly Philadelphia.

Tara A. Cortes, PhD, RN, FAAN (Non-residential)* Cortes is currently the executive director of the Hartford Institute for Geriatric Nursing and a professor in geriatric nursing at the New York University College of Nursing. She serves on several boards including Archcare, the Catholic Healthcare System of NY, the Visiting Nurse Regional Health Care System, Isabella Geriatric Center, Pacific College of Alternative Medicine, the National Accreditation Council for the Blind and Visually Handicapped, and the US Army New York City Community Advisory Board. Her work has contributed to advancing interdisciplinary models across the continuum of care to reduce disparities in access to care and to assure healthy aging in place.

Fred A. Kobylarz, MD, MPH (Residential) Kobylarz is an associate professor in the Department of Family Medicine and Community Health at the Rutgers Robert Wood Johnson Medical School where he is also director of the Department’s Center for Healthy Aging and co-director of the Geriatric Fellowship Program. His areas of research have included Alzheimer’s clinical trials drug studies, elder abuse, and health literacy. As a geriatrician, he is focused on addressing policy issues relating to the ethnogeriatric imperative and the National Alzheimer’s Project Act.

Heather L. Menne, PhD (Residential)* Menne is a senior research scientist in the Margaret Blenkner Research Institute of the Benjamin Rose Institute on Aging. Her research explores the theoretical underpinnings of the stress process for individuals with cognitive impairment, family caregivers, and formal caregivers. Menne currently serves as president of the Ohio Association of Gerontology and Education, is a reviewer for several international journals, and is co-convener of GSA’s Alzheimer’s Disease Research Interest Group.
James T. Pacala, MD, MS (Non-residential) Pacala is the Distinguished Teaching Professor and associate head in the Department of Family Medicine and Community Health at the University of Minnesota Medical School. He currently serves as chair of the American Geriatrics Society. He has performed research and published extensively on models of care delivery to geriatric populations and on innovative teaching methods.

Tia Powell, MD (Non-residential) Powell is the director of the Montefiore Einstein Center for Bioethics and of the Einstein Cardozo Master of Science in Bioethics program. She is a professor of clinical epidemiology in the Divisions of Bioethics and Clinical Psychiatry at Albert Einstein College of Medicine. Powell has bioethics expertise in public policy, dementia, consultation, end-of-life care, decision-making capacity, bioethics education and the ethics of public health disasters.

Stephen Thielke, MD, MSPH (Non-residential) Thielke is a geriatric psychiatrist and health services researcher at the University of Washington, and an investigator in the Geriatric Research, Education, and Clinical Center (GRECC) of the Puget Sound VA Medical Center. His research examines the interactions between physical and mental health during aging, and develops methods to improve shared decision-making in the health care of older adults. In the GRECC, he serves as the associate director for education and evaluation, and treats veterans with dementia.

Doua Thor, MSW (Residential) Thor currently serves as a senior fellow with the National Coalition for Asian Pacific American Community Development. She serves on or was in a leadership position in a number of organizations and coalitions, including the Asian Pacific Islander American Scholarship Fund, the executive committee of the National Council of Asian Pacific Americans, and the Diverse Elders Coalition. Over the years, Thor has gained a wealth of experience working with national and grassroots Southeast Asian American and refugee-serving organizations.

Gregg Warshaw, MD (Non-residential) Warshaw is an academic family physician/geriatrician, and pioneering advocate for improving the training of physicians and other professionals to care for older adults. He is the director of the Geriatric Medicine Program at the University of Cincinnati College of Medicine, where he also is a professor in the Department of Family and Community Medicine and the Martha Betty Semmons Professor of Geriatric Medicine. Warshaw serves as the medical director of Maple Knoll Village, a continuing care retirement community in Springdale, OH. His academic interests include geriatric medicine education, preventive health care for the elderly, the impact of hospitalization on older patients, clinical care of Alzheimer’s disease and, the long-term care/acute care interface.

Jennifer L. Wolff, PhD (Non-residential) Wolff is an associate professor of health policy and management at the Johns Hopkins Bloomberg School of Public Health and holds a joint appointment in the Division of Geriatric Medicine and Gerontology at the Johns Hopkins University School of Medicine. Wolff’s principal areas of research relate to health service delivery, family caregiving, and the development and evaluation of innovative models of chronic care delivery to vulnerable older adults with complex care needs. She is interested in identifying best practice approaches to integrate and support family caregivers.

Kara Zivin, PhD, MS, MA (Non-residential) Zivin is an associate professor in the Department of Psychiatry in the Medical School and a faculty associate at the University of Michigan Institute for Social Research. She is also a research health scientist at the VA Center for Clinical Management Research in Ann Arbor, MI. Zivin’s research examines the consequences of depression in late-life and among veterans. She studies cost-effectiveness of depression care, mortality risks among patients, employment support needs among those with mood disorders, genetic and psychosocial contributors to late-life depression, and the impact of short and long term antidepressant use and adherence on depression, health, and cost outcomes.

Other Health Policy Fellowship Opportunities

Robert Wood Johnson Foundation Health Policy Fellows (residential in Washington, DC): Started 1973, this granddaddy of policy fellowships places mid-career health professionals and behavioral and social scientists in federal agencies or on Capitol Hill. Go to www.healthpolicyfellows.org to learn more.

Public Health Policy Fellowship Program (sponsored by the Association of Schools and Programs of Public Health): This year-long fellowship places public health fellows on Capitol Hill. Go to fellowships.asph.org to learn more.

David A. Winston Health Policy Fellowship A year-long fellowship that honors Winston’s legacy of public service. It is sponsored by the David A. Winston Health Policy Fellowship Board of Trustees and is administered in collaboration with the Association of University Programs in Health Administration. Go to www.winstonfoundation.com to learn more.

The Distinguished Nurse Scholar in Residence Program Supported by the American Academy of Nursing, the American Nurses Association, and the American Nurses Foundation, this scholarship is designed to assist outstanding nurse leaders to play a more prominent role in health policy development at the national level. Visit www.aannet.org to learn more.

U.S. Department of Veterans Affairs, Office of Academic Affiliations, Advanced Fellowships Program The VA Advanced Fellowship in Geriatrics was created in 2000 to support advanced training in geriatrics. Sixteen fellowships are available. Go to www.va.gov/oaa/specialfellows/programs/SF_AdvGeriatric.asp to learn more.
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for the dedicated work of our journal editors, our publishing partner Oxford University Press, and authors in attracting, publishing, and producing outstanding research year after year.”

The Journals of Gerontology, Series B saw the greatest improvement over the past year, with its impact factor jumping from 2.615 in 2011 to 3.006 in 2012. During the same period, The Journals of Gerontology, Series A moved from 4.598 to 4.314 and The Gerontologist moved from 2.481 to 2.283.

“The release of new impact factors is — almost as a matter of definition — good news for GSAs journals,” said Oxford University Press President and Academic Publisher Niko Pfund, “and this year is no different as the influence of GSA’s publications has once again been clearly and resoundingly made tangibly evident.”


Oldest Boomers’ Retirement Habits Chronicled

“Healthy, Retiring Rapidly and Collecting Social Security: The MetLife Report on the Oldest Boomers,” a new report from the MetLife Mature Market Institute, says the earliest boomers aren’t necessarily “working ‘til they drop,” as some experts predicted. More than half (52 percent) of those born in 1946 are now fully retired. Twenty-one percent remain employed full-time and 14 percent are working part-time; of those, most plan to retire fully by age 71, up from age 69 in 2011. The figures from the MetLife Mature Market Institute represent a big jump since 2007 and 2008, when just 19 percent of the oldest boomers were retired, and a significant leap from the 45 percent who retired in 2011.

The institute has studied the oldest boomer cohort on numerous occasions, most recently in 2012 with “Transitioning into Retirement: The MetLife Study of Baby Boomers at 65” and “The Early Boomers: How America’s Baby Boomers Will Transform Aging, Work & Retirement.” The current study follows the group as they have moved from age 62 to 67, and provides data on their finances, housing status, family lives, and their views on generational issues. The nationally representative survey was conducted by GfK Custom Research North America on behalf of the MetLife Mature Market Institute between November 6 and December 23, 2012. A total of 1,003 respondents, including 447 people from the 2011 study, were surveyed by phone; respondents were all born in 1946. Data were weighted by demographics to reflect the total Boomer population. To read more about this study and its findings, visit www.metlife.com/mmi/research/oldest-boomers.html#keyfindings.

Community AGEnda Resources Take Aim at Creating Age-Friendly America

To accelerate efforts underway in five communities and to encourage others across the country to become age-friendly, Community AGEnda, an initiative of Grantmakers In Aging supported by the Pfizer Foundation, released a set of important tools and resources to inform and inspire planners, philanthropies, and others seeking to build a more age-friendly future. These materials are available free online at www.giaging.org/programs-events/community-agenda/community-agenda-resources. The tools include Age-friendly America, a searchable online database with contact information and background on more than 200 age-friendly projects; Age-Friendly Communities, an overview of the goals and accomplishments in the field to date; and Aging Power Tools, a curated selection of resources to promote stronger, age-friendly communities, a robust collection of tools from top practitioners. For more information on the new Community AGEnda tools and resources, individual grantees, their projects, and their local funders, visit www.giaging.org/communityagenda.

new resources

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Report Documents Processes for Communities to Assess Age-Friendliness

According to “Livable Community Indicators for Sustainable Aging in Place,” a new study report from the MetLife Mature Market Institute and the Stanford Center on Longevity, communities in the U.S. can follow a relatively simple and low cost initial set of indicators to determine if their services meet the needs of an aging population. These indicators can be measured using information that is readily available and adaptable to local governments, providing a low-cost way for local governments to begin to examine the specific needs of their aging populations. The study found that the best communities for people transitioning into the older age group are those that offer accessible and affordable housing options, transportation, walkability, safe neighborhoods, emergency preparedness, and support services like health care, retail outlets, and social integration. The study was produced as a follow-up to the Mature Market Institute’s previous work in this area, “Aging in Place 2.0,” “The Aging in Place Workbook,” and “Housing Trends Update for the 55+ Market.”

GSA members Sandra Timmermann, EdD, and Amanda Lehning, PhD, contributed to the new report. The most critical characteristics of an age-friendly livable community are provided and the study provides detailed information about these indicators and how best to use them. Full information can be obtained at www.metlife.com/mmi/research/livable-communities.html#keyfindings.
We all have multiple responsibilities, whether they are related to work, school, family caregiving, community service — you name it! Juggling these responsibilities can get quite challenging, and you and your commitments may feel the strain. Here we provide two testimonials about co-managing work and life and some resources to help you with this balancing act.

**Personal Testimonials**

**From an ESPO member two years into a doctoral program:** As an inpatient practitioner, my career was pretty straightforward. I showed up for work as scheduled, delivered care, and was not required to take home any “work” per se. However, this all changed as I became a full-time student in both a master’s and PhD program simultaneously. In addition to being a wife, a mother of two young children, and a daughter, life became a balancing act, and I needed help.

Significant to my survival was having a support system in place to which I could delegate specific roles. However, at times, support systems became challenged due to illnesses. It was during these times that my spouse was then left to care for our children when my focus had to be placed on a sick or hospitalized parent. It is during such times that there seemed to be no balance. This provided me with a new perspective on how to accept a new challenge, as it is indeed a blessing to be able to care for one’s parents.

Key to my survival in this process was the existence of a professional support system that I was not even aware of prior to this. This system of professors and student colleagues was instrumental to my overcoming this challenge. Secondary to my personal belief system, it was the “glue” that helped to put everything back together. Having to take on these various roles can often be a reminder to take much needed breaks. The old adage “work hard, play hard” rings well with this. Having children around and facing life’s challenges are often a reminder not to take things to seriously.

**From an ESPO member one year into a clinical research position, one year after a post-doc position:** Work-life balance is a concept long touted as the “utopia” of any professional career. Regardless of what stage we are in, whether it is a student, trainee, assistant professor, or a young professional, we find ourselves always striving to achieve a state in which our work priorities mesh and complement our lifestyle priorities.

As a junior scholar myself who has gone through the stages of undergraduate student, graduate student, and post-doctoral fellow, I look back and reflect on how both my actual and perceived work-life balance changed at each of these stages. No matter what stage you are in, the tendency is to look to the future and our next professional opportunity as the time when we will have more control over our commitments, workload, and scheduling. Lo and behold, work-life balance is a constant struggle across all stages of one’s career. This is because both the number and the types of demands that are present in our work and personal lives also change as a function of our career and life stages. It seems then that some degree of flexibility is ideal for managing and adapting to present and future commitments in both domains.

Flexibility in our priorities and how we view success, flexibility in our schedules to strike a balance day to day, and flexibility in our work and personal relationships to promote collaboration and ensure that our responsibilities are achieved. A characteristic that I have observed among individuals whom I perceive to excel both at work and at home is the ability to be present in the moment. Instead of focusing on the time spent in work vs. lifestyle activities, these individuals focus on being effective in these respective environments. This emphasis of quality vs. quantity has also enabled these individuals to adapt their home and work environments to maximize effectiveness.

I am now trying to implement these strategies into my own practice, identifying when and where I work best (this has resulted in my telecommuting one day per week), shifting some responsibility for home and life activities to others in my life, and setting concrete and achievable goals daily for both domains. Establishing a balance between work and life is certainly a process, but as with life, the goal is to do what we can to enjoy the ride.

**Resources**

Balancing Career and Family (a website of the American Physiological Society): Here you will find roughly 10 different resources (i.e., audio and video files, presentation slides, etc.) on advice specific to students and professionals, on time management, and on dual-career partnerships. Link: www.the-aps.org/mn/Careers/Mentor/Balancing-Career-and-Family/Balancing-work-and-family-

Life & Career (a website of the American Association for the Advancement of Science): This website posts articles on such topics as career guidance, having a disability in the workplace, and compelling life stories of persons working in the sciences. Link: sciencecareers.sciencemag.org/career_magazine/life-career

How to Have a Life and Balancing Research/Teaching/Family/Other Commitments: (videos from the National Institute of General Medical Sciences (NIGMS): These two presentations come from a NIGMS workshop titled “Postdocs Transitioning to Independent Positions,” conducted in March 2010. Link: www.nigms.nih.gov/multimedia/PostdocsWorkshop032010.htm

The Awesomest 7-year Postdoc (a blog entry from Scientific American): Through solicited testimonials, junior faculty discuss their tenure-track positions. Link: blogs.scientificamerican.com/guest

There is no one way to cope with the stress of competing demands. We hope you find these personal stories and resources useful in a way that works for you!
Michael J. Fox Foundation Invites Applications for Parkinson’s Therapeutic Pipeline Program

The Michael J. Fox Foundation for Parkinson’s Research seeks to stimulate development of Parkinson’s disease (PD) therapeutics with potential for fundamentally altering disease course and/or significantly improving treatment of symptoms above and beyond current standards of care. The foundation’s Therapeutic Pipeline Program is open to industry and academic investigators working at either pre-clinical or clinical stages of drug and therapeutic development. Proposals must focus on a treatment strategy with clear potential for PD and have a well-defined plan for moving toward clinical utility for patients. Both novel approaches as well as repositioning of approved or clinically safe therapies from other non-PD indications are of interest. Applicants will be asked to justify the therapeutic targets relevant for PD, provide details of the therapeutic strategy, and clearly identify any suboptimal properties of their therapeutic strategy. Considerations include the target and pathway proposed and the therapeutic strategy. The spring 2014 review cycle includes an informational conference call on September 18; pre-proposals due October 30, followed by full proposal invitations on November 20. Further details can be obtained at www.michaeljfox.org/research/grant-detail.php?id=9.

PCORI, NIA Team Up for Fall-Related Injury Prevention

The National Institute on Aging (NIA), in partnership with the Patient-Centered Outcomes Research Institute (PCORI), has issued a request for applications for a large-scale, multi-pronged clinical trial on prevention of fall-related injuries in non-institutionalized older adults. PCORI will commit up to $30 million to fund the trial selected through the application and peer-review process that NIA will administer. Applications must describe a clinical trial that will assess a multifactorial strategy for fall-related injury prevention that will include identification of high-risk individuals, assessment of their specific risk factors, and selection and assessment of interventions that address these factors. Applications also must spell out how they will actively involve patients, family caregivers, health care professionals, and other stakeholders in the design and conduct of the trial and sharing of its results. These criteria fulfill PCORI’s mission of supporting research guided by those who need and will be most directly affected by study results. Prospective applicants can find additional details at grants.nih.gov/grants/guide/rfa-files/RFA-AG-14-009.html. Proposals are due November 13.

NIH Agencies Ready Funds for High-Priority Behavioral and Social Research Networks

The National Institute on Aging, working with the National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research, has issued a funding opportunity announcement to provide infrastructure support for advancing the development of specific emerging and high priority interdisciplinary areas of behavioral and social research of relevance to aging. The infrastructure support will facilitate research networks through meetings, conferences, small scale pilots, training, and dissemination to encourage growth and development of specified priority areas and of resources for the field at large. Projects are solicited that will develop, strengthen, and evaluate transdisciplinary approaches and methods for basic behavioral and/or social research. Additional information may be obtained at grants.nih.gov/grants/guide/rfa-files/RFA-AG-14-007.html. Applications are due October 23.

Continued from page 1 - Second-Year Mobility Workshop Targets Neural Mechanisms

“We want to change this way of thinking and begin to critically identify the causes and mechanisms of slowing gait,” Studenski said. “We are working very hard with the NIA and GSA and numerous scientists to accomplish this goal and these workshops are one of the ways for us to do so.”

The New Orleans workshop will begin on the morning of Monday, November 19 and conclude at noon on Wednesday, November 20. Interested attendees can sign up using the main Annual Scientific Meeting registration form; there is a $175 charge to attend. Information regarding registration and the agenda, as well as other related projects, is available at www.geron.org/cns.

The discussions will focus on the neural mechanisms underlying mobility impairments in older age. Participants will examine potential biological and physiological mechanisms elucidated from laboratory-based clinical studies, animal studies, and genetic investigations. The two-day event’s overall objective is to identify common precursors of mobility disability that may serve as targets for future preventive and therapeutic interventions.

The final session in the series, slated for the 2014 Annual Scientific Meeting in Washington, DC, will identify the most promising prevention and intervention strategies that are currently being studied and/or should be addressed in future studies.

Each event brings together experts from interrelated disciplines in basic science and animal models, epidemiology, and clinical research. The first workshop, “Evidence on Changes in the Central Nervous System Control of Movement Across the Life Span and in Aging,” has already resulted in an article published online in The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences. It identifies three main goals for future work: “develop models of mobility limitations in older adults that differentiate aging from disease-related processes and that fully integrate CNS with musculoskeletal contributors; quantify the contribution of the CNS to mobility loss in older adults in the absence of overt neurologic diseases; and promote cross-disciplinary collaboration to generate new ideas and address current methodological issues and barriers, including real-world mobility measures and life-course approaches.”

Rosano and Studenski also will serve as editors of a forthcoming special issue of the journal, titled “Physical Function and the Aging Brain,” slated for publication in fall 2014. Manuscripts must be submitted by December 31. See the website for the full call for papers.
Japanese Boarding Program Brings Generations Together

Japan is now promoting a new way to join older adults and young people; a boarding program is now available for an older adult and a college student to live together as an approach towards avoiding isolation while addressing practical needs, according to a June 28 article published in the Japan Daily Press. The government of Fukui Prefecture partnered with the Fukui University to launch the boarding program between older adults and their students. The program is limited to older adults who are not in need of nursing care. The rules of the living arrangement are agreed upon between the landlord and tenant and rents usually cost 20,000 yen (roughly $200 USD) every month.

Asian Governments Look at Aging Populations

Responding to the challenges posed by a rapidly aging population will be one of the most difficult tasks for Asian governments in the first half of this century, according to a report released jointly by the Chinese Academy of Social Sciences, Indian National Science Academy, Indonesian Academy of Sciences, U.S. National Academy of Sciences, and the Science Council of Japan. The report, which discusses these challenges and identifies needed research to help policymakers better respond to them, was released at the opening of an international conference on aging in Asia hosted by the Chinese Academy of Social Sciences in Beijing. While the percentage of older people in nearly every nation is growing, this aging trend is particularly stark in parts of Asia, the report said. Projections indicate that the portion of the population age 65 and older will more than triple in China, India, and Indonesia and more than double in Japan between 2000 and 2050, based on data from the United Nations. Moreover, this demographic shift is coinciding with dramatic economic and social changes in Asia, including changing family structures and large-scale migrations from rural to urban areas. These trends raise critical questions about how nations can develop policies that best support health and economic well-being in large and growing populations at older ages.

India’s Older Adult Population Seeking Retirement Living

According to a July 4 article from BBC News India, many older adults in India expect to be dependent on their children in old age. However, data shows that an increasing number of older Indians are seeking to become independent from their children, creating a higher demand for retirement homes, which are becoming popular among the affluent aging population. Upscale retirement villages offer amenities designed to meet their clientele’s needs, such as emergency medical services, health clubs, anti-skid flooring and senior-friendly bathrooms and community kitchens. Residents often include retired teachers, engineers, doctors and company executives.

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**UNIVERSITY of MARYLAND SCHOOL OF MEDICINE**

DIRECTOR OF THE PROGRAM FOR AGING, TRAUMA, AND EMERGENCY CARE (PATEC)

The University of Maryland School of Medicine seeks a full-time faculty member at the Associate or Full Professor rank to be the inaugural Director of the Program for Aging, Trauma, and Emergency Care (PATEC). The Director will draw on outstanding campus resources to create an interdisciplinary translational research center of excellence dedicated to ground-breaking research to improve older adults’ trauma and emergency care outcomes.

The successful candidate for the position should have a PhD and/or MD degree with substantial experience conducting interdisciplinary research, a solid record of extramural research funding, and demonstrated leadership capabilities. Candidates from all disciplines are welcome to apply.

Compensation and support will be competitive. Applications of a cover letter, CV and the names of three references should be submitted to lklein@epi.umaryland.edu. Confidential correspondence related to this position may be directed to Jay Magaziner, Ph.D., M.S. Hyg., chair of the search committee at 410-706-2406 or jmagazin@epi.umaryland.edu. A full job description can be found at http://medschool.umaryland.edu/epidemiology/PATEC.asp

The University of Maryland, Baltimore is an Equal Opportunity, Affirmative Action Employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply.
Assistant Professor, Aging and Health Disparities

The University of Rhode Island announces a tenure-track assistant professor position in the Aging and Health Cluster Hire Initiative. The initiative is sponsored by the Office of the Provost and is intended to expand interdisciplinary research and educational programs at URI.

This position will focus on health disparities related to inequalities e.g., race, ethnicity, income, gender, and sexual orientation and their intersection with age. This tenure-track position will have a joint appointment in two appropriate academic departments.

We are especially interested in candidates with backgrounds in sociology, anthropology, human development or gerontology, gender and women’s studies, public health, or other relevant field. Successful candidates will actively participate in a collaborative, interdisciplinary research program and be involved in teaching interdisciplinary courses as part of this Cluster Initiative. In addition, they will become Faculty Fellows in Aging and Health at URI as an expression of this focus for their work, which will become an important component in performance evaluations.

The desired start date is spring or fall 2014.

The University of Rhode Island is an AA/EEOD employer and values diversity.

Please visit jobs.uri.edu to apply and view complete details for job posting number 6001138.

Applications will be reviewed starting September 15, 2013; the position will remain open until filled. Only online applications will be accepted.

For more information, contact:
Phillip G. Clark, ScD
Professor and Director
URI Program in Gerontology

401.874.2689 or aging@uri.edu

THE UNIVERSITY OF RHODE ISLAND
Barshop Institute Gets $3.4 Million Grant
The National Institute on Aging has given a $3.4 million training grant to the Sam and Ann Barshop Institute for Longevity and Aging Studies at the University of Texas Health Science Center San Antonio. The five-year grant will support 10 graduate students and six postdoctoral fellows at the Barshop Institute to pursue novel research on the basic biology of aging. Barshop Institute researcher and GSA Fellow Steven N. Austad, PhD, a professor of cellular and structural biology in the School of Medicine, is the grant’s principal investigator and program director. Graduate students pursuing doctoral degrees will be supported for up to five years and postdoctoral fellows for up to three years, according to Austad. Last August, the Barshop Institute announced that a $200,000 gift from the Glenn Foundation for Medical Research would fund two fellows to participate in the PhD program focused on the biology of aging. The new grant increases that momentum. The grant award follows the Texas Legislature’s approval of $4 million in exceptional-item funding for the next two years to establish a Translational Aging Research Program within the Barshop Institute. This program will focus its efforts on developing the strategies, personnel, infrastructure, and study populations to evaluate whether interventions targeting the fundamental processes of aging can delay the onset of chronic diseases and disabilities in humans.

Wilmot Cancer Researchers Awarded $2 Million to Study Age-Related Care
In May the Patient-Centered Outcomes Research Institute (PCORI) announced a $2 million award to the University of Rochester Medical Center (URMC) to study cancer patients’ physiological age rather than chronological age and how that may affect communication about chemotherapy and other age-related treatment issues over the next three years. The investigators will use a geriatric assessment (GA) survey, a tool available to geriatricians to identify frailty, memory problems, chronic diseases, and other disabilities in patients. However, the majority of oncologists have not adopted GAs into their practices, largely because of a lack of knowledge about how to use the data from GA to inform clinical oncology care. The study plans to recruit 500 people aged 70 and older with advanced cancer within the University of Rochester Community Clinical Oncology Program. Prior to making a decision about chemotherapy, all patients will take the GA survey. One group will receive a summary of the survey results plus targeted interventions for patients and their families to consider. The other group will not get survey results and will receive standard care. Later, patients and physicians will discuss treatment options. Researchers also will analyze quality of life and satisfaction with care.
Optimal Aging Through Research

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Join over 4,000 professionals this fall for a program that includes hundreds of symposia, papers, and posters—all featuring new research presented for the first time. By joining us in New Orleans, you’ll discover that there’s no other event in our field quite like the GSA Annual Scientific Meeting.

For more information, visit geron.org/2013.