

gerontology news

The Gerontological Society of America®

March 2020

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Honor the Past



Key Moment in History

1954: The *Newsletter of the Gerontological Society*, the publication that evolved into *Gerontology News*, is created. It was originally distributed on a quarterly basis; today, 12 issues are produced each year. Members also receive an e-newsletter, *GSA Announcements*, every other Tuesday.

Nominate Your Colleagues for GSA's Awards

GSA recognizes outstanding individuals of all disciplines and career levels through a host of prestigious awards. The spring nomination period is open until March 31. Full descriptions of nomination requirements and access to the online nomination form are available at www.geron.org/awards. Questions may be addressed to awards@geron.org.

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Public Health Systems Hold Promise for Aging Populations

In "Aging and Public Health," a new special issue of *Innovation in Aging*, researchers look at public health interventions that work to foster healthy aging. It will appear in full at academic.oup.com/innovateage by the end of March.

The issue's eight papers focus on how best to lengthen the period of good health, a sustained sense of well-being, and extended periods of social engagement and productivity as our society ages, while emphasizing elements in the realm of public health.

"Public health faces the challenge of designing, assessing, translating, and implementing programs that push interventions out to aging subpopulations that span a broad continuum of health and vulnerability," wrote Deputy Editor-in-Chief Steven M. Albert, PhD, FGSA, and Guest



Associate Editor Vicki A. Freedman, PhD, in an opening editorial.

Three papers focus on making communities and service systems more age-friendly; three additional papers

emphasize population surveillance of vulnerable subgroups of the aging population; and a pair of papers focus on programmatic innovations to address specific needs common among older adults.

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Experts Map Future of Family Caregiving Research

A new supplemental issue of *The Gerontologist* shares 10 research priorities to better support the needs of family caregivers.

The contents of the journal supplement are the result of the Research Priorities in Caregiving Summit, an expert gathering hosted in March 2018 by the Family Caregiving Institute (FCI) at the University of California, Davis. Attendees included representatives from service agencies, funding organizations, and academia.

The supplement — titled "Advancing Family Caregiving Research" — and the summit were sponsored and funded by the Gordon and Betty Moore Foundation.

"The research priorities and research statements that emerged from the summit offer concrete directions for novice and well-established researchers to design family caregiving



intervention research that addresses the most urgent gaps in the literature," wrote supplement associate editors Kenneth Hepburn, PhD, FGSA, and Elena O. Siegel, PhD, RN. "These 10 research

priorities offer a roadmap for future research that will address gaps in the vast literature currently available."

The identified research priorities:

1. Evaluate technologies that facilitate choice and shared decision-making.

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Health Crisis Proves Value of Global Scientific Collaboration

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

The world is being reminded again of some valuable public health lessons with the outbreak of the Covid19 virus reaching more than two dozen countries by the end of February. The outbreak originated in China, where the initial local response kept the population in the dark about what was really happening.

As the U.S.'s own Centers for Disease Control and Prevention (CDC) rolls out measures to deal with a potential pandemic — already declaring it a public health emergency here and urging Americans to take steps to prepare for uncertainty ahead — the importance of sharing accurate scientific information in a timely fashion has been reinforced.

There's a well-known 20th century saying that "all politics is local." However, dealing with the challenges we face here in the 21st century, it may be more relevant to remind us that "all science is international." Whether we are dealing with the challenges presented by Covid19 or the issues confronting aging societies around the world, it's essential that researchers, clinicians, and educators are able to collaborate across borders to advance scientific solutions. After all, that's what scientists do; they solve problems.

This is true for aging as well as any scientific field. While according to recent surveys from the Pew Research Center, Americans' trust in the government, scientists, and the media varies, they are all crucial links in a chain. This chain connects the expertise of scientists to the general public.

Some may try to undermine public trust in these essential institutions. But GSA is among those organizations working to strengthen and support these institutions, and to demonstrate that accurately disseminated science is one of the most powerful tools we can all use to address new challenges such as public health crises.

GSA supports the government's role in science through close collaboration with the National Institute on Aging, CDC, and others — showcasing the value of these institutions and making members aware of opportunities to secure support for research

initiatives. GSA also works collaboratively to support and advance new policy development in the aging field.

The Society supports scientists through the publication of its peer-reviewed journals, hosting the GSA Annual Scientific Meeting, and implementing practice change initiatives and many professional development opportunities. I greatly appreciate those who support GSA's practice change initiatives and serve as peer-reviewers for our journals and/or Annual Scientific Meeting. Your role is crucial in ensuring only high-quality science is published or presented.

Finally, GSA supports the dissemination of science to the public through its Journalists in Aging Fellows Program, now in its 10th year. This program educates journalists across all media platforms about aging issues and helps them spread this new awareness to diverse audiences nationwide. These journalists are a vital link between GSA member researchers and the general public. I express my thanks to the many members reading this who have been so helpful to these reporters by sharing your expertise and research.

You can get a scope of the ongoing coverage the journalists program has generated at www.geron.org/coverage. They have produced nearly 700 stories! Half of our fellows are chosen from outlets that serve ethnic and other minority audiences, which represent the fastest growing segment of our population aged 65+.

For the past five years, the program has been supported by The Silver Century Foundation, RRF Foundation for Aging, The Commonwealth Fund, and The John A. Harford Foundation. I'm grateful to these forward-thinking philanthropic organizations who share our vision that the sharing of carefully vetted science is key to improving our lives as we age.

Indeed, scientific collaboration is an essential ingredient to progress in this new Decade of Healthy Aging.

James

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In Memoriam

Former Health Sciences Section Chair **Evan Calkins, MD, FGSA**, passed away on January 20 at age 99. He was known as an innovative expert in amyloidosis who excelled as a medical administrator, first building the State University of New York (SUNY) at Buffalo Department of Medicine into national prominence and then, at age 58, switching fields to establish at SUNY Buffalo the country's seventh division of geriatrics and gerontology. When he stepped down in 1990, the division had provided fellowship training for 10 percent of the fellowship-trained geriatricians in the country. He was awarded mastership in the American College of Physicians and the American College of Rheumatology, of which he is a past president. He is the recipient of the second Milo D. Leavitt Award for Leadership in Geriatric Education from the American Geriatric Society, The Joseph T. Freeman Award from GSA, the SUNY Buffalo Walter P. Cooke Award, the 2012 Distinguished Service Award of the Erie County Medical Society, and the Laureate Award of the New York State Upstate Council of the American College of Physicians, among others.

New Books by Members

- *Aging and Diversity: An Active Learning Experience (Third Edition)* by Chandra M Mehrotra, PhD, FGSA, and Lisa Wagner, PhD. Published by Routledge, 2019
- "Grandparenting: Influences on the Dynamics of Family Relationships," co-edited by Bert Hayslip Jr., PhD, and Christine A. Fruhauf, PhD. Published by Springer Publishing Company, 2019.
- "Old Man Country: My Search for Meaning Among the Elders," by Thomas R. Cole, PhD, FGSA. Published by Oxford University Press, 2020. Precarity and Ageing
- "Understanding Insecurity and Risk in Later Life," edited by Amanda Grenier, PhD, MSW, Chris Phillipson, PhD, FGSA, and Richard A. Settersten Jr. PhD, FGSA. Published by Bristol: Policy Press, 2019.

Members in the News

- On December 19, Forbes published an interview with Sheila Malkind, MPH, titled "This Film Festival Is The Answer To Those 'Okay, Boomer' Naysayers."
- Steven Austad, PhD, FGSA, and Stephen Kritchevsky, PhD, FGSA, were quoted in a December 23 article in *The New York Times* titled "Tackling Inflammation to Fight Age-Related Ailments."
- Maria Aranda, LCSW, MPA, MSW, PhD, FGSA, was quoted in a December 27 article in *La Opinión* titled "La comunidad latina de la tercera edad, victima de la depression."

Colleague Connection

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

James "Max" Zubatsky, PhD

The recipient, who became eligible after referring new member **Randy Gallamore, MA**, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

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

Marguerite "Martí" DeLiema, PhD

Click on the Member Spotlight slider image at the top of www.geron.org to read the interview and ask questions.

Demiris, Mangione Elected to National Academy of Medicine

George Demiris, PhD, FGSA, and Carol Mangione, MD, were among 90 regular members and 10 international members elected to the National Academy of Medicine, as announced at the organization's 49th Annual Meeting in October. Election to the academy is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service. Demiris is the Penn Integrates Knowledge University Professor in the department of biobehavioral and health sciences within the School of Nursing, and the department of biostatistics, epidemiology, and informatics within the Perelman School of Medicine at the University of Pennsylvania. Mangione is chief of the Division of General Medicine and Health Services Research, Barbara A. Levey MD and Gerald S. Levey MD Endowed Chair in the David Geffen School of Medicine, and professor of medicine and public health in the Fielding School of Public Health at the University of California, Los Angeles.

Taylor Jones Earns North Carolina Honor

Althea Taylor Jones, PhD, received a 2019 Pioneer Award from the North Carolina Coalition on Aging for her long-time contributions to the field of aging in that state. She was presented the award at the coalition's annual meeting in Raleigh on September 27. This distinction recognized Taylor Jones' work and contributions for over two decades as a professional and volunteer in the aging field. She previously was a professor and gerontology program administrator at Winston-Salem State University.

McMullen Selected as Presidential Management Fellow

Tara McMullen, PhD, has been named a presidential management fellow (cohort 17) at the U.S. Department of Veterans Affairs with the National Opioid Initiative, Enterprise Opioid Strategy Team. During this six-month opportunity, she will co-lead the implementation of the White House Opioid Cabinet objectives, including the implementation of the Comprehensive Addiction and Recovery Act (CARA). Outside the fellowship, McMullen is a technical advisor for the Division of Chronic & Post Acute Care in the Center for Clinical Standards & Quality at the Centers for Medicare and Medicaid Services (CMS), where she also serves as assistant to the CMS Post-Acute Care Medical Officer for the Measures Application Partnership, convened by the National Quality Forum.

Greenberg Conferred Fellow Status by Nursing Organizations

Sherry A. Greenberg, PhD, RN, GNP-BC, FGSA, FAANP, FAAN, was inducted as a fellow into the American Association of Nurse Practitioners in June 2019 and the American Academy of Nursing in October 2019. Greenberg currently is an associate professor at Seton Hall University College of Nursing.

It's not the Budget, It's the Economy

Political candidates often run for election or re-election based on how they would allocate tax dollars and how many tax dollars they would like to collect or return to the voter. Once elected at the federal level, the president makes the first move in the annual budget chess match, when she/he sends the budget to Congress.

Some presidents' budgets more accurately reflect campaign promises than do others. This is another year where the latter is true. Whether that will matter to voters this November is not known. With low unemployment and the U.S. economy continuing to grow since June 2009, those factors may be more important to voters than budget promises broken.

In fact, the budget proposals of a president's opponent may be more important to voters given the cost of proposals like Medicare for All, college loan forgiveness, and other major social service programs that are being promised in this campaign cycle. Of course, since Congress usually ignores most presidential budget proposals, voters might be better off disregarding the cost of the proposals and focusing more on the goals, values, and vision they reflect. Nonetheless, this month's column highlights President Donald Trump's Fiscal Year 2021 budget, also known as "A Budget for America's Future."

On February 10, the president made the first move in the budget and appropriations discussion, and here are a few of the responses that came across my desk.

From the progressive Center on Budget and Policy Priorities: "Older Americans are among the many groups that President Trump's proposed 2021 budget would seriously harm. While running for president, Trump repeatedly promised not to cut Social Security, Medicare, or Medicaid, which serve tens of millions of seniors — and he made a similar promise at his State of the Union just last week. Nevertheless, his budget calls for cutting Social Security and Medicaid as well as cutting or eliminating other critical supports for older Americans, many of them struggling to get by."

GSA serves in a leadership role with the Friends of National Institute on Aging (FoNIA) coalition and one of our colleague organizations there is the Alliance for Aging Research. Here is its take on the proposed budget cuts to the National Institutes of Health (NIH) and NIA: "These drastic reductions will stymie much of the progress we have seen in recent years combating the many diseases and conditions impacting older adults. At a time when Alzheimer's disease is the sixth leading cause of death among our nation's adults and is the only top ten cause of death without a disease-modifying therapy or cure, our nation can hardly afford to reduce its investment in defeating this terrible disease."

The president's budget also cuts programs that empower people with disabilities to remain a part of the community. Here is what our colleagues at the Consortium for Citizens with Disabilities had to say: "The co-chairs of the Fiscal Policy Task Force of the Consortium for Citizens with Disabilities (CCD), the largest coalition of national

disability organizations, are once again deeply concerned by the future that the Administration has laid out for Americans with disabilities. ... The \$4.8 trillion "Budget for America's Future" takes particular aim at health care programs for people with disabilities and low income Americans. It justifies these extreme cuts as necessary measures to reign in deficits while ignoring the needs of individuals with disabilities and their families."

Suffice it to say, these stakeholders hold little sway over the president and his Office of Management and Budget. Looking at the slightly bigger picture and its various elements, the president's budget would cut the Department of Health and Human Services (HHS) by 9 percent (\$9.4 billion), cut Medicaid by nearly \$1 trillion over ten years, would cut about 15 percent from the Department of Housing and Urban Development, cut the Environmental Protection Agency by nearly 27 percent, and the Department of Education by 29 percent. Over ten years there would be \$2 trillion in reductions to mandatory spending programs including the Medicaid cuts, Medicare (\$500 million), and the Children's Health Insurance Program. The Medicaid cuts come from block granting and per capita caps and ending the coverage expansion through Obamacare.

National Institutes of Health/National Institute on Aging

Closer to home, the NIH would be cut by \$3.7 billion, with \$320 million coming out of the NIA and \$201 million in cuts from the National Institute of Neurological Disorders and Stroke. The budget also eliminates the Agency for Healthcare Research and Quality as an independent agency and reduces its funding by more than \$81 million.

Health Resources and Services Administration

President Trump's budget eliminates the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards program. You may recall that the programs were level funded for FY 2020 at \$40.737 million. Last year, the president proposed the same cuts, but we had worked with the National Association for Geriatric Education (NAGE), the Eldercare Workforce Alliance (EWA, which we co-chair), and the American Geriatrics Society (AGS) to secure an increase of \$2.647 million for a total of \$43.384 million in the House appropriations bill.

Unfortunately, that increase was lost in negotiations with the Senate. Our goal with NAGE, EWA, and AGS has been \$51 million and will be again this year. Interestingly, here is what the president's budget says: "Duplicative Health Professional Training. The Budget eliminates funding for 14 health professions training programs in the Department of Health and Human Services. ... The Administration has proposed to streamline the system with a Government-wide restructuring and consolidation proposal ... by eliminating programs that are ineffective, unproven, or duplicative."

Older Americans Act/Elder Justice

The Older Americans Act and elder justice do not fare well, either, with proposals to cut approximately \$52 million from aging services programs at the Administration on Aging, including cuts of \$35 million to Family Caregiver Support Services, \$3 million to Lifespan Respite Care, \$13 million to Chronic Disease Self-Management Education and Falls Prevention, and \$2 million from the Long-Term Care Ombudsman Program, which resolves quality issues in nursing homes and protects the rights of residents.

In the area of elder justice prosecution, there was actually some good news in the Department of Justice budget, with first time funding of \$5.8 million for locally based elder justice coordinators in U.S. attorney district offices, a program created through the Elder Abuse Prevention and Prosecution Act of 2017 (P.L. 115-70), something for which GSA had advocated as part of the Elder Justice Coalition.

There was also an increase of \$1.2 million for more attorneys to pursue civil and criminal penalties for elder fraud and to train partners in all levels of government, and an increase of \$1 million for the Violence Against Women Act Abuse in Later Life Program. On the other hand, cutting the ombudsman program is negative for long-term care facility residents, and eliminating the Social Services Block Grant would end much of the federal support for adult protective services and harm efforts to address elder abuse.

Other Areas of Interest

- The budget eliminates the Low Income Home Energy Assistance Program (LIHEAP), which includes many families that include older adults (about 40 percent), Legal Services Corporation, and the Senior Community Service Employment Program (under the Older Americans Act), which provides jobs to low-income older adults.
- The budget does not include a promised plan to cover individuals without health care (i.e. Obamacare replacement).
- It would make permanent the 2017 tax cuts for individuals, which some have argued favor the top income brackets and increase the national debt.
Many cuts would affect state government; for example cuts to K-12 education, cuts to free and reduced-price school meals, and elimination of the Social Services Block Grant (which supports many service programs).
- The budget cuts more than \$180 million from the Supplemental Nutrition Assistance Program (food stamps) and the \$21 million from the Temporary Assistance for Needy Families over ten years.

Two footnotes: First, we have not been talking about authorizations of appropriations. These are a part of the laws that Congress passed authorizing programs like the Older Americans Act and the Geriatric Workforce Enhancement Programs. These laws detail what the programs are designed to do and how they should go about doing them and authorize funds to be spent on the programs. In the good old days, those amounts reflected the perceived need for the programs, but now they often reflect a compromise on how

much funding will be allowed to grow over the authorization period. Sometimes the appropriators ignore the authorization levels and provide either less or more than was authorized. Second, the budget and appropriations process are sometimes thrown for a loop because we face a national or international crisis, such as a pandemic or war, and sometimes bipartisan solutions come out of such crises.

So, the next move is for Congress and its appropriations committees, because there is no chance that the House and Senate could agree on a budget resolution this year. So, as this match develops with Mexico wall funding gambits and legislative rider tactics, we must be more than spectators and let our priorities be known, even if it drags on until the fall or beyond.

Here is a link to an understandable yet detailed description of the federal budget process by the Center on Budget and Policy Priorities: bit.ly/393xPIY.

Even if we feel like pawns in this match driven by policy, politics, and process, remember this quote from “Let the Game Begin” by Sandeep Sharma: “Sometimes a pawn is enough to change the whole game and those who ignore the importance of it, are liable to lose their queen.”

Recent GSA Policy Actions

GSA, through the Friends of the National Institute on Aging coalition, signed on to a letter of support from the Ad Hoc Group for Medical Research for the FY 2021 National Institutes of Health (NIH) budget. The recommendation requests \$44.7 billion for the NIH, a \$3 billion (7.2 percent) increase over NIH’s program level funding in FY 2020. This funding level would allow for meaningful growth above inflation in the base budget and would expand NIH’s capacity to support promising science in all disciplines across the agency. It also would ensure that funding from the Innovation Account established in the 21st Century Cures Act would supplement the agency’s base budget, as intended, through dedicated funding for specific programs. The Ad Hoc Group for Medical Research is a coalition of more than 200 patient and voluntary health groups, medical and scientific societies, academic and research organizations, and industry. Its mission is to enhance the federal investment in biomedical, behavioral, social, and population-based research by increasing the funding for the NIH.

GSA, in addition to endorsing the Leadership Council of Aging Organizations Chair’s letter of support for the Older Americans Act reauthorization, sent a letter of support to House and Senate leadership urging quick passage of the Supporting Older Americans Act of 2020.

GSA signed on to a letter from the Stakeholder Forum for Antimicrobial Resistance to Secretary of Health and Human Services Alex Azar imploring him to take swift action to stabilize and strengthen the antibiotics market and make the investments necessary for a comprehensive response to antimicrobial resistance, including stewardship, diagnostics, surveillance, prevention and research.

new resources

New Research Shines Light GenX, Millennial Caregivers

The National Alliance for Caregiving (NAC) in partnership with Caring Across Generations has released “Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.,” which illuminates the challenges facing working parents who are providing intergenerational care. More than 11 million Americans are caring for an adult family member due to health needs or disability, while also caring for children at home.

The report analyzes data from more than 300 sandwich generation caregivers, and compared to non-sandwich caregivers from a nationally representative dataset from the 2015 study, Caregiving in the U.S. (conducted initially by NAC and the AARP Public Policy Institute).

Compared to other types of caregivers, the sandwich generation caregivers are younger, more ethnically diverse, and newer to caregiving than non-sandwich generation caregivers. Many represent Generation X and Millennials, who are launching careers and families while caring for an older relative.

Key findings highlighted some of the pain points: sandwich caregivers spent an average of 22 hours a week to caring for someone, while often simultaneously juggling work; roughly one-third of sandwich caregivers reported emotional stress, and one of five indicates a high level of financial and physical strain; sandwich caregivers most commonly help with transportation (80 percent), housework (76 percent), and preparing meals (62 percent); very few feel prepared to do the medical/nursing tasks (19 percent).

The data revealed that most sandwich caregivers supported programs that would supplement their income while they were caregiving or an earned income tax credit to compensate them for their work, even if these programs were unavailable or hard to access.

Other challenges align with potential workplace solutions. The data show that one in five sandwich caregivers report feeling financial strain as a result of being a caregiver, and 25 percent said it was hard to find affordable services for their friend or family member; caregivers often lack workplace benefits, such as paid leave, meaning that sandwich caregivers miss work or cut down work hours during their prime working and long-term

saving years; and more than eight out of ten (85 percent) wanted information on at least one caregiving related topic, including managing stress (44 percent).

The report will be available at bit.ly/WorkCareSandwich.

New ‘Ready or Not’ Report Entry Tracks Emergency Preparedness Across States

“Ready or Not: Protecting the Public’s Health from Diseases, Disasters and Bioterrorism” is an annual report measuring states’ level of preparedness to protect the public’s health during an emergency. Based on 10 performance indicators and by tracking public health funding, the report ranks states’ level of preparedness into three performance tiers: high, middle and low. The new 2020 edition placed 25 states and the District of Columbia in the high preparedness performance tier, up from 17 last year. Twelve states, down from 20 states and the District of Columbia last year, placed in the middle performance tier, and 13 states placed in the low tier, the same number as last year. The report measures states’ performance using 10 indicators that, taken together, provide a checklist of a jurisdiction’s level of preparedness to prevent and respond to threats to its residents’ health during an emergency. Published by Trust for America’s Health, the report can be accessed at www.tfah.org/report-details/readyornot2020.

Latest Elder Index Shows Cost of Living Nationwide

The University of Massachusetts Boston’s McCormack Graduate School has released the 2019 Elder Index and a companion report, “Insecurity in the States 2019.” These resources calculate the elder economic “insecurity rate” both nationally and on a state-by-state basis. The index estimates the cost to adults age 65 and older for basics such as food, housing, health care and transportation in every county in the U.S. Researchers matched income data with the index results to determine state and national rates of elder economic insecurity. National averages suggest 50 percent of older adults living alone and 23 percent of elder couples have annual incomes below the Elder Index. Visit www.elderindex.org to learn more.

Continued from page 1 – Public Health Systems Hold Promise for Aging Populations

Rather than focusing solely on how aging unfolds for individuals, articles in this issue emphasize the critical role of systems — either through population health surveillance or through implementation of programs that utilize infrastructures on the ground, such as health departments, aging services providers, the Centers for Disease Control and Prevention (CDC), the Administration for Community Living/ Administration on Aging, state units on aging, county human services, health systems, and national advocacy organizations.

“Papers in the special issue met the charge of applying a public health perspective to aging subpopulations that span the continuum of health and vulnerability,” Albert and Freedman stated. “Not all components of public health could be addressed, and undoubtedly many other kinds of aging could profitably be pulled into the conversation. Still, this collection brings to bear the tools of public health, and this approach forces us to think about aging more broadly than we ordinarily do.”

Selecting a Dissertation (or Thesis) Topic

By Jacquelyn Minahan, MA

For graduate students, the thesis and/or dissertation is an oft-dreaded and looming project from the outset of the program. Selecting a topic may be one of the most important tasks in your graduate career, as it will dictate your course of research for the coming months (if not years).

While it may seem overwhelming at the beginning, writing your thesis/dissertation can build a strong foundation for your research program and significantly contribute to your career as a scholar. Below are some helpful tips for selecting (and even liking!) a focus for this major milestone.

Think about your interests.

Your thesis and/or dissertation will likely be a topic you eat, sleep, and breathe while you are writing, so think carefully about your topic. Assess your interests and work to identify an area about which you are passionate.

Researching, writing about, and defending a topic that you don't like or care about will not only be tedious, but also may be reflected in the quality of your work. This is designed to be a project that highlights your passion and commitment to the field, so make sure you like it!

How does your topic help your career?

In addition to picking a topic of interest, make sure it is relative to your career. How will your topic help grow your research portfolio or assist you in clinical practice? Does it build off your previous area of research? How is this related to your short and long-term career goals?

For those planning on a research career, your dissertation will ideally be used for several publications and will ideally contribute to your growing research program. For those on a clinically-oriented trajectory, your dissertation may be translated into your practice and shape your clinical approach. Think of a topic that is in line with your future trajectory.

Fill the gaps.

A strong thesis and/or dissertation topic will address identified holes in the literature. Work to see where research is lacking and use your thesis/dissertation to build on the established literature while offering new information.

Talk early and often with your advisor!

Let's face it — we need help! A strong project cannot be done alone. Approach your advisor early about your topic and use time together to

build your project. Your advisor will likely have guidance on how to find similar studies, authors who are known in the field, how to clarify your research aims, and how to formulate a successful thesis/dissertation.

Advisors should be involved in all aspects of the project, from designing the research aims, editing your sections, and preparing you for defense. Schedule frequent, if not standing, appointments to use their time appropriately and to get your needs met.

Money, money, money.

A wealth of funding opportunities exist, and the challenge is finding them. Many graduate programs offer dissertation grants for graduate students to offset the cost of conducting research projects with enrolled participants. Ask your mentor and other faculty members for recommendations.

Plan ahead and start researching early — many funding opportunities have varying deadlines that may or may not coincide with your project timeline. Starting early and planning a solid proposal and submission can increase your likelihood of securing funding.

If funding is an issue and it is appropriate for your department, consider a secondary data analysis — a wealth of public data exists on a variety of aging topics and may be a more feasible option for your project.

Use, reuse, recycle.

Don't hesitate to use your earlier work as a spring board for your thesis or dissertation! Chances are, you've already put in the time on earlier manuscripts or papers; use this as a contribution to your thesis/dissertation.

Resources!

ESPO exists for a reason — don't hesitate to use the section for advice and help as you move through the process. ESPO Connect (connect.geron.org) is a great place to brainstorm topics and ideas and to seek collaboration and assistance from similar-staged professionals.

Also consider the Dissertation Writing Group (www.geron.org/dwg). This is a wonderful (and free!) opportunity to keep yourself motivated and accountable throughout the writing process while also getting valuable feedback from your peers.

The journey to defense is arduous but often very rewarding. These milestone projects often build the foundation for research careers and can be significant contributions to your career, whether it be academic or clinical. Good luck and stay strong!

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GSA Partners with City of Austin to Host Age-Friendly Event

By Melissa Cannon, PhD

For the past several years, AGHE's Age-Friendly Design Committee (AFDC) has developed community-based service-learning workshops focusing on age-friendly design by partnering with conference host communities.

For GSA's 2019 Annual Scientific Meeting, held in November in Austin, Texas, the AFDC and GSA's Environmental Gerontology Interest Group partnered with the city of Austin and the University of Texas at Austin LBJ School of Public Affairs to host an exciting event for conference-goers, community members, and stakeholders.

The event, titled "Age-Friendly Austin: Building an Intergenerational Metropolis," was held in the beautiful space of the Austin Central Library and attendees were treated to a generous donation of breakfast tacos from the university.

Presenters included Tabitha Taylor, MS, the program coordinator for Austin Age-Friendly Action Plan; Janee Briesemeister, the chair of the Austin's Commission on Seniors; Kristie Wood from the Texas Aging & Longevity Center; Jacqueline Angel, PhD, FGSA, a professor at the University of Texas at Austin LBJ School of Public Affairs; and Commissioner Fred Lugo of the Commission on Seniors.

They provided an overview of the Austin Age-Friendly Action Plan as well as Austin City Commission's Resolution 41, which is intended to renovate and expand a city-owned health center, adding a medical clinic for older adults, an adult day center, wrap-around services for older adults, and a child day-care center. This project is seen as a catalyst to foster development and the translation of the vision of Austin as an age-friendly city.

Additionally, attendees were treated to a surprise interactive launch of the city's website for Age-Friendly Austin (www.austintexas.gov/agefriendlyaustin), which includes an overview of



From left to right: Lugo, Commissioner Karen Gramp, Briesemeister, and Angel.

the plan and an asset map of community services and activities for older residents of Austin.

The event was standing room only. More than 40 attendees, including guests from as far as Taiwan and the U.K., arrived to learn more about Austin's age-friendly initiatives. Exciting discussion of issues such as housing, urban development, and the future of age-friendly city efforts were generated.

The AGHE AFDC and GSA's Environmental Gerontology Interest Group would like to extend a huge thank you to Taylor, Angel, and the students and volunteers from the LBJ School of Public Affairs for hosting this event. We would also like to thank the following partners who also contributed to the event: Austin Public Health, Austin Public Library, Austin Parks and Recreation, AustinUP, the Commission on Seniors, the Texas Aging & Longevity Center, and AARP.

Continued from page 1 – Experts Map Future of Family Caregiving Research

2. Determine where technology is best integrated across the trajectory of caregiving.
 3. Evaluate family-centered adaptive interventions across conditions, situations, stages, needs, preferences, and resources.
 4. Examine the heterogeneity of attitudes, values and preferences toward caregiving, services and supports
 5. Evaluate family caregiver interventions in ways that address real world complexity, translation, scalability, and sustainability.
 6. Develop a conceptual framework and typology of the trajectory of caregiving for new interventions and outcomes.
 7. Conduct risk/needs assessment of the changing needs of family caregivers over the trajectory of caregiving.
 8. Conduct implementation research on evidence-based caregiving programs for diverse populations.
 9. Develop outcome measures that are relevant to family caregivers from diverse social and cultural groups.
 10. Develop research methodologies that account for the complex structures of family caregiving.
- "This supplement stands as an acknowledgement of the FCI for convening the summit and for their well-thought out approach that achieved both breadth and depth of directions for next steps in family caregiving research — identifying and gaining consensus for intervention research priorities, stemming from four broad topics: heterogeneity, trajectory, technology, and multicultural needs related to caregiving," Hepburn and Siegel stated.

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U.K.'s Ethnic Groups Have Higher Risk of Disability than White Counterparts

Men and women from a South Asian background are more likely to develop a physical disability and struggle with day-to-day physical activities throughout adulthood compared with their white British counterparts, new research published in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* reports.

The article is titled "Ethnic Differences in Functional Limitations by Age Across the Adult Life Course." Examining data from 40,000 men and women from white British, South Asian (people originating from the Indian subcontinent), and African Caribbean backgrounds, researchers from the University of Surrey investigated whether different ethnic groups in the U.K. are more likely to have an increased risk of developing a physical disability and have problems with physical functioning than their white counterparts.

Physical functioning was determined by the extent to which a participant's ability to climb stairs and take part in moderate activities was limited by their health. A person was deemed to have a physical disability if they reported difficulties in mobility, manual dexterity and physical coordination or balance.

Researchers found that those from a South Asian background, at every stage of adulthood, were more likely to experience poor physical functioning and had an increased risk of developing a physical disability than their white counterparts. This ethnic difference was most pronounced in women, with older South Asian women (over the age of 60) being four times more likely to report having a physical disability compared with older white British women of the same age. The increased risk among South Asians could not be attributed to socioeconomic status or existing major health conditions such as diabetes, which is particularly prevalent among U.K. South Asian people.

Researchers also found that African Caribbean women had elevated odds of poor physical functioning compared with white British women from middle age onwards, for example, in the older group, with 75 percent of African Caribbean women reporting poor physical functioning compared with 57 percent of white British women. The research indicated that socioeconomic status and chronic conditions, in particular obesity and hypertension, may help explain some but not all of the increased risks reported by African Caribbean females.

In contrast, African Caribbean men, in some stages of adulthood, showed trends towards lower odds of developing a physical disability or reporting poor physical functioning compared with white British men.

Lead author Emily Williams, PhD, a reader in chronic disease and health inequalities at the University of Surrey, said, "It is concerning that people from South Asian backgrounds, particularly women, report much higher levels of physical disability throughout adulthood, compared with white British people. The fact that this is not explained by the standard risk factors for disability means more work is needed to understand this excess risk in order for us to address these health inequalities.

"There is a clear need for action in early adulthood when there may be more opportunity to effectively intervene, preventing physical decline in high-risk groups and reducing further impact on other health and employment outcomes.

"In particular, these findings highlight the service implications of addressing women's health needs, demonstrating the importance of taking into account important characteristics such as ethnicity and age in the planning and delivery of women's health care services."



RAND is pleased to announce the 27th annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 6-9, 2020.

The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 6-7) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 8-9). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2020 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

Both the Mini-Med School and the workshop are described more fully at our web site: <https://www.rand.org/well-being/social-and-behavioral-policy/centers/aging/rsi.html>.

For additional information, please contact Cary Greif (cary_greif@rand.org).

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health. RAND is an Equal Opportunity Employer Minorities/Females/Vets/Disabled

funding opportunities

RRF Undergoes Transitions, Identifies New Priority Areas

The Retirement Research Foundation, one of only six foundations in the U.S. devoted solely to aging, is now RRF Foundation for Aging. In addition to its new name, the foundation has a new logo, new website, and a new focus on four priority areas: caregiving, economic security in later life, housing, and social and intergenerational connectedness. RRF considers these inter-related issues as essential to our ability to age in community, that is, to live well and fully as we age, wherever we prefer, for as long as possible. RRF welcomes partners as it takes on these big, complex issues by building coalitions, championing new solutions, and promoting needed policy change to improve the lives of older Americans. The foundation also recently announced that its president, Irene Frye, will retire at the end of May. She will be succeeded by current Vice President Mary O'Donnell. Learn more at www.rrf.org.

NIA Funds Slated for Research Centers Collaborative Network

The National Institute on Aging (NIA) has issued a funding opportunity announcement to support a Research Centers Collaborative Network to enhance collaborations across the agency's six centers programs — the Claude D. Pepper Older Americans Independence Centers, Nathan Shock Centers of Excellence in the Basic Biology of Aging, Resource Centers for Minority Aging Research, Edward R. Roybal Centers for Translation Research in the Behavioral and Social Sciences of Aging, and Centers on the Demography and Economics of Aging. These collaborations are intended to leverage the NIA's substantial investments by fostering and sustaining the development of novel interdisciplinary efforts in aging research. This funding opportunity will provide resources to build additional infrastructure and establish specific collaborative activities that could include, but are not limited to, information and data exchange, meetings and conferences, pilot studies, research opportunities for early investigators, visiting scholar programs, dissemination, and other collaborative efforts. The successful awardee will involve all six centers programs. Letters of intent are due April 15 and applications are due May 15. Further details can be read at bit.ly/3bQiTzL.

NIH Program Will Support Research Training in Neurosciences

The National Institutes of Health (NIH) is currently welcoming applications for the Jointly Sponsored Ruth L. Kirschstein National Research Service Award Institutional Predoctoral Training Program in the Neurosciences. This is an institutional program that supports broad and fundamental research training in the neurosciences. In addition to a broad education in the neurosciences, a key component will be a curriculum that provides a strong foundation in experimental design, statistical methodology and quantitative reasoning. The

supported programs are intended to be two years in duration and students may only be appointed to this training grant during the first two years of their graduate research training. The primary objective is to prepare students to be outstanding scientists equipped to pursue careers in neuroscience. Application due dates are May 26, 2020; May 25, 2021; and May 25, 2022. Letters of intent are due 30 days prior to the application due date. To learn more, visit bit.ly/39S902I.

NIA Grant Focuses on Glial Plasticity in Aging Brain

Recent reports highlight the enormous spatial and temporal diversity of glia, even within the same glial cell type. This within-glial-cell-type heterogeneity evolves during aging, suggesting that subtypes of glia with distinct physiological roles could emerge to influence brain aging processes. The goal of a new funding opportunity announcement from the National Institute on Aging (NIA) is to support research addressing critical knowledge gaps in our understanding of how these glial subpopulations could contribute to vulnerability and resilience to brain aging. Letters of intent are due May 17 and applications are due June 17. View the full announcement at bit.ly/3bRdGaF.



UF Pain Research & Intervention
Center of Excellence
Clinical & Translational Science Institute

Cornell University's Edward R. Roybal Center (TRIPLL) and
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Understanding and Applying the NIH Stage Model for Behavioral Intervention Development to Address Pain Problems

A Free Monthly Webinar Series

Monday, March 30, 2020 | 1pm-2pm EST:

Presenter: Manfred Diehl, Colorado State University
*Improving Negative Views of Aging and Personal Control Beliefs to
Promote Engagement in Physical Activity*

Monday, April 27, 2020 | 1pm-2pm EST:

Presenter: Kathleen Carroll, PhD, Yale School of Medicine
*From Development to Dissemination: The Stage Model and Cognitive
Behavioral Therapy for the Addictions*

Monday, May 18, 2019 | 1pm-2pm EST:

Presenter: Donald Edmondson, PhD, MPH, Columbia University
Irving Medical Center
The Role of Mechanism Discovery and Targeting in the NIH Stage Model

Monday, June 22, 2019 | 1pm-2pm, EST:

Presenter: Predrag Klasnja, PhD, University of Michigan
TBD

The TRIPLL webinar series is a web-based training resource for health professionals, researchers, and others with interest (or working) in the aging field.

Please visit our website at www.tripll.org for more information
or contact Jacquie Howard at jah3011@med.cornell.edu

AgeWork

The GSA Career Center

Connecting talent with opportunity

AgeWork provides the most comprehensive, up-to-date database of jobs and talent available in the field of aging. It's the number one resource for job seekers who are looking to advance and for employers seeking highly skilled employees.

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To find the best jobs or the most capable candidates, search our listings at agework.geron.org



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