



The Duke University Center for the Study of Aging and Human Development and the Claude D. Pepper Older Americans Independence Center present



the Center Report

Johnson Receives NIH Award to Fund Center of Excellence on Minority Health and Health Disparities



Kimberly Johnson, MD

Kimberly Johnson, MD, Associate Professor of Medicine (Geriatrics) and Senior Fellow in the Center for the Study of Aging and Human Development, has received one of 12 NIH awards to fund a specialized research center designed to conduct multidisciplinary research, research training, and community engagement activities focused on improving minority health and reducing health disparities.

The 12 centers, to be funded by the National Institute on Minority Health and Health Disparities (NIMHD), will share approximately \$82 million over five years, pending the availability of funds.

Dr. Johnson will lead the Duke Center for REsearch to AdvanCe Healthcare Equity (REACH), where researchers will study the effect of a clinician communication coaching intervention—teaching empathic skills and eliciting participatory behaviors—on the quality of communication in cardiology encounters with African American patients; test the use of a mobile app for African American patients receiving palliative care in the ICU and their families to self-report needs, obtain information about patient/family needs, and access decisional support; and develop and pilot test an implicit bias training intervention for providers.

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EDITORIAL It's About Time!

The October, 2017, issue of *Gerontology News* announced on its front page, “GSA, AARP Focus on Effects of Negative Attitudes on Aging.” The headline was referring to a new AARP-sponsored supplement of GSA’s journal *The Gerontologist*, which contains 12 research papers on how ageist attitudes affect people’s health and quality of life.

Over a year ago the American Society on Aging published a special issue on

“Ageism in America.” Twelve years ago, I published *The Encyclopedia of Ageism* (New York: Haworth Press), and twenty-seven years ago, I published the first edition of *Ageism: Negative and Positive* (New York: Springer).

So now the premier professional organization in aging, the GSA, and the premier advocacy organization in aging, the AARP, has decided the issue is serious enough to publish a special issue on ageism. Considering all the research

that has been done and the education that is needed, I say, “It’s About Time”!

Considering the millions of older people around the world whose lives and health and opportunities to contribute and be creative are limited by this social disease, I say again, “It’s About Time”!

Hopefully, this special issue will bring more attention of researchers, scholars, journalists, and educators around the world to this problem that affects us all, sooner or later. ■

*The opinions expressed are those of the editor and do not necessarily reflect Center on Aging policy.

Johnson receives NIH award to fund Center of Excellence on Minority Health and Health Disparities continued

“This is exciting news. Dr. Johnson is a recognized expert in health disparities research and is passionately committed to improving minority health and reducing health disparities. This new center at Duke will create a collaborative environment in which Dr. Johnson and a team of very talented investigators can continue their formative work to improve the health of minority populations in our own community and globally,” said Mary E. Klotman, MD, Dean, Duke University School of Medicine.

The Center of Excellence’s (COE) program fosters collaborative research on minority health and health disparities, that will identify critical biological, behavioral, environmental, sociocultural, and health systems factors, to aid in developing optimal interventions that will reduce targeted health disparities.

The Centers of Excellence program will help to:

- Support innovative multi- and transdisciplinary research to promote minority health and reduce health disparities
- Strengthen exemplary research training and education activities to support the development of well-trained researchers, including those from minority and health disparity populations
- Increase the number of individuals from minority and other health disparity populations participating in research activities
- Provide support for engaging minority and other health disparity communities in effective and sustainable activities aimed at improving the health of their communities

Earlier this year, Johnson received funding from the Patient-Centered Outcomes Research Institute (PCORI) to study the barriers and facilitators of advance care planning for different racial groups. The project budget is over \$5.8 million over five years. Her project is Reducing Disparities in the Quality of Palliative Care for Older African Americans through Improved Advance Care Planning (EQUAL ACP).

Johnson is also among the first class of Duke Health Scholars from the Department of Medicine, a new program awarding funds DUHS funds to early to mid-career clinician-scientists to expand their research in new directions. ■



FEATURED RESEARCHER: Eleanor (Ellie) McConnell, PhD, RN, GCNS-BC



Eleanor (Ellie) McConnell,
PhD, RN, GCNS-BC

Alzheimer's Disease and related neurocognitive disorders are the only leading cause of death for which there is no effective prevention nor disease modifying treatment. Millions of older adults living with these diseases endure the progressive nature of these illnesses, and face tremendous challenges due to the unrelenting losses affecting communication, function, and wellbeing. My research program focuses on two aims related to these challenges: (1) How best to design, implement, and evaluate care approaches to improve the health and wellbeing of older adults who have major neurocognitive disorders, and (2) How best to accelerate the process of implementing scientific discoveries to improve outcomes of care. To address these aims, in collaboration with Kirsten Corazzini, PhD, FGSA, I currently lead a research network that aims to develop a novel set of quality indicators for care of those living with major neurocognitive disorders. The quality indicators focus on the extent

to which people living with dementia and members of their personal networks are experiencing wellbeing in their lives. Our research network has its origins in a series of meetings sponsored by the Duke Clinical Translational Research Institute's Community Engagement Core, during which we brought together investigators from nursing, health economics, informatics, medicine, psychology, public policy, and sociology in conversation with community members from Dementia Inclusive Durham. As a grass-roots coalition developed in 2015, Dementia Inclusive Durham aims to serve as a catalyst to enhance the wellbeing of persons living with dementia through working with multiple sectors of the community to create an environment where people with dementia are fully supported in their pursuit of quality of life and wellbeing.

A key insight that emerged from the research network's first meeting is that a critical gap exists in our ability to measure outcomes that matter to people with dementia and their caregivers. Although the importance of a caregiving network for people with dementia is widely acknowledged by clinicians, to date existing quality measures of long-term services and supports typically focus on the health and wellbeing of the patient **OR** the caregiver, rather than considering the health and wellbeing of persons living with dementia **AND** the social network in which they are embedded. Leaders of the National Alzheimer's Plan implementation have noted that failing to understand dementia as a disease that affects the entire social network of the person living with dementia presents

a major barrier to decreasing stigma of the disease and increasing care quality. Therefore, we have just submitted a proposal to assess the feasibility and utility of measuring social networks of people living with dementia, in collaboration with Dementia Inclusive Durham. This pilot study will lay the foundation for developing and testing interventions to strengthen wellbeing among social networks of people living with dementia as a means of improving care quality and outcomes.

Our team also includes five Duke School of Nursing PhD students. Shaoqing Ge, MPH studies the effects of social support on the trajectory of cognitive decline in nationally representative samples of community-dwelling older adults. Bada Kang, MSN, studies the effects of comorbidities such as post-traumatic stress disorder on dementia symptom manifestation and treatment, and lends fresh perspectives

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FREQUENTLY ASKED QUESTIONS*

What Causes Alzheimer's Disease?

"One good thing about Alzheimer's: you keep meeting new friends." – Anonymous

We are not yet sure what causes Alzheimer's disease (AD), but there is evidence to support several theories:

- Environmental toxins such as lead and mercury
- Viral infections
- Bacterial infections
- Autoimmunity
- Genetics: the presence of the Apolipoprotein E-4 allele gene found on chromosome 19, markedly increases the risk of AD. Also having a parent with AD doubles the risk of AD.
- Head injuries
- Hypertension
- High blood levels of homocysteine, an amino acid
- High cholesterol levels
- Inflammation

*Adapted from Palmore, *Older Can Be Bolder*. Amazon, 2011.

FEATURED RESEARCHER: Eleanor (Ellie) McConnell, PhD, RN, GCNS-BC continued

on the importance of understanding life course when studying wellbeing among people with dementia. Roy Thompson, MSN focuses on examining the effects of nurse migration on care quality in long-term care. Jing Wang, MSN examines the lived experience of dyads of people diagnosed with dementia and their primary caregivers over time. Sijia Wei, MPH is enhancing our ability to measure social networks using sensor technology. Together with a rich, interdisciplinary research network, we are excited about better understanding how to strengthen

networks of care to improve wellbeing among older adults living with dementia.

I also co-direct the Duke Geriatric Workforce Enhancement Project, which works with primary care practices and community based agencies to improve care of people with dementia. Recently, we collaborated with the Duke Outpatient Clinic, a primary training site for the Duke Internal Medicine Residency Program, to improve the capacity of the entire clinic staff to recognize, evaluate, and care for people with dementia. As a result, they now have a

systematic process for engaging the full team in evaluation within the primary care clinic, and connecting patients with dementia and their caregivers to resources such as those available through the Duke Family Support Program. The program has increased the capacity of the clinic staff to recognize and diagnose dementia without needing to refer to specialty clinics. This outcome has the combined effect of improving timeliness of diagnosis and referral to needed services for people living with dementia, and reducing care fragmentation. ■

SLOGAN FOR THE DAY:
Old Age is the consummation of life.



COMING EVENTS



March 1-4, 2018: The Association for Gerontology in Higher Education (AGHE) 44th Annual Meeting and Educational Leadership Conference at the Sheraton Atlanta Hotel in Atlanta, GA. Contact: aghe.org/am.

November 14-18, 2018: Annual Scientific Meeting of the Gerontological Society of America. Theme: "The Purpose of Longer Lives." Boston, MA. Contact: geron.org/meetings-events.