First Annual Research and Education Retreat Well Attended

The Great Hall and Atrium of the Semans Center were packed with the five speakers, 66 posters, and large audience of the first annual research and education retreat of the Duke Center for the Study of Aging on September 30, 2016.

The program began with a welcome by Harvey Jay Cohen, MD, and introductions of the three keynote speakers: Linda George, PhD, Kimberly Johnson, MD, and Dan Belsky, PhD. George talked about “Health Disparities and Aging: The Good, The Bad, and the Ugly.” Johnson spoke on “The Double Whammy: Age and Race.” Belsky reviewed his research on “Quantification of Biological Aging.”

Nancy Andrews, MD, PhD, Dean of the School of Medicine, then greeted the participants and Cohen announced the new Maddox Scholars: Katherine Starr and Neema Sharda. The 2015 Maddox Scholars were also introduced: Nathan Boucher and Katherine Ramos. The 66 posters were then presented, including six by the Maddox Scholars:

- Boucher presented “Free of Charge: Unreimbursed Services Provided by Hospices” and “Veterans, Views on the Role of Religion and Spirituality in Advanced Illness Care.”
- Ramos presented “Implementation and Validation of a Measure of Late Adulthood Attachment: Clinical and Research Utility.”
- Starr presented “Markers of Nutritional Frailty in Older Adults Preparing for Elective Surgery” and “Function and Lean Mass Responses to an Obesity Intervention in Women: Influence of Age and Protein Intake.”
- Sharda presented “CALM: Confusion Avoidance Led by Music.”

The retreat ended with discussions and refreshments.
The following Center faculty and students presented their research at the 2016 Annual Scientific Meeting in New Orleans, LA, November 16-20.

A. Aiken-Morgan, A. Gamaldo, K. Whitfield presented Correlates of Stability and Change In Mild Cognitive Impairment Status Among African Americans. They concluded that education and lung health are associated with patterns of cognitive stability.

M. Batchelor-Murphy, E. McConnell, A. Barnes, T. Yap, S. Kennerly, and C. Colon-Emeric presented Strengths And Gaps: Strategies Used By Nursing Home Staff During Meals For Dementia Residents. They concluded that strategies tapping into remaining sensory ability often promote meal intake, and should be encouraged.

D.W. Belsky, A. Caspi, R. Poulton, T. Moffitt presented Beyond Mice: Participant Characteristics To Measure In Human Healthspan Extension Trials. They concluded that measuring future trial participants’ risk burdens can improve trials to test novel therapies.

N. Boucher presented Clinicians As Arbiters Of The Necropolitical In Advanced Illness. This presentation aimed to acknowledge a clinician’s role as arbiter of the necropolitical and offers three strategies that those responsible for health systems decision-making can employ to ease this burden.

Boucher also presented Aging Veterans & Advanced Illness: The Role For Religion/Spirituality In VA Health Care. He concluded that there is a role for religion/spirituality in the support of aging VA patients dealing with advanced illness.

Boucher also presented Third Time’s The Charm: Challenges And Successes In Recruiting Three Distinct Populations. He concluded that keys to successful recruitment were assurances of privacy/information security, workers’ unions and ethics counsel negotiation, sensitivity to veterans with advanced illness, and varying approaches to recruiting in clinical settings and at a distance for large catchment areas.

M.P. Cary, L.K. Hill, J. Walker, K. Whitfield presented Psychosocial Factors, Functioning And Resilience Among Older African American Women. They

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concluded that intact social functioning may be important to sustaining functional resilience in African American women.

X. Chen, S. Zimmerman, G. Potter, P. Sloane, L. Cohen, D. Reed presented Assessing The Capacity For Oral Hygiene Self-Care. They introduced the development and validation of the Assessment of Dental Activity (ADA) exam, a tool to measure dentally-related function in cognitively-impaired older adults.

M. Chen, B. Wu, E. Dugan presented How Does Childhood Experience Affect Late Life Health of Older Chinese Adults? They concluded that policies and programs to support childhood nutrition and education may improve outcomes in late life.

K. Corazzini, R. Anderson, E. McConnell, K. Scales, Y. Song, B. Kang, J. Meyer, M. Lepore presented Directors of Nursing, Adaptive Leadership, and Person-Directed Assessment and Care Planning. The Directors of Nursing described primarily adaptive challenges to implementation focused on staff development to recognize resident personhood, and then to foster mutual respect and understanding.

S. Ge, B. Wu, D. Bailey, X. Dong presented Social Support, Strain And Cognition In Immigrated And Domestic-Born U.S. Chinese Older Adults. They concluded that social support and strain were significantly associated with cognitive outcomes.

K.S. Hall, J. Gregg, H. Bosworth, J. Beckham, R. Sloane, K. Hoerster, M. Morey presented Promoting Physical And Psychological Resilience In Older Veterans With PTSD: A Case For Exercise. They concluded that this low-dose PA counseling intervention demonstrated modest positive effects on physical and psychological resilience in older veterans with PTSD.


K. Ramos, J. Fulton presented a paper on Family Life Review As An Adjunct To Dignity Therapy For Life-Limiting Illness And Depression. They concluded that dignity therapy is a feasible intervention for patients with chronic medical and comorbid mental health conditions.

Ramos also presented Case Studies of Communication Difficulties Encountered When Delivering Difficult News. This presentation offered suggestions of how to improve delivering difficult news to patients and their families in efforts to help facilitate proper and patient-centered treatment planning.

K. Scales, K. Corazzini, Anderson, E. McConnell, K. Porter, T. Thach, Y. Song,
Ageism has many faces. In The Encyclopedia of Ageism, we identified over 120 forms of ageism (Palmore, Branch, & Harris). Many of these forms are disguised as something else, because the prejudice and discrimination involved in ageism is supposed to be unfair, unethical, even “un-American.” Most people do not like to admit that they are prejudiced against old people, or that they discriminate against people just because of their age.

However, when ageism is disguised, it is difficult to combat or reduce. This editorial is an attempt to tear off the masks of the major disguises that ageism can wear, so that we can more effectively reduce this social disease. Here are some of the common disguises:

- **Age Denial** is perhaps the most common disguise of ageism. It is similar to “passing” among minority group members in an attempt to escape the prejudice and discrimination directed against those groups. Many older persons attempt to avoid ageism by trying to “pass” as a younger person.

- **Anti-Aging Medicine** is a disguise fueled by age denial. This form of ageism is disguised as a legitimate medical sub-specialty devoted to preventing and reversing aging. However, it is actually a fraudulent form of ageism because aging is not a disease and there is nothing that can prevent or reverse the normal processes of aging.

- **Blaming the Aged** is a disguise which “blames the victim” for any physical, mental, or economic problems they may have. This form blames older people for their problems because it asserts that they are lazy, or waste their money, or are disagreeable, or some other negative attribute, rather than recognizing that ageism in the social system or their community is actually the cause.

- **Efficiency** is a disguise for employment discrimination based on the assumption that older workers are slower than or not as efficient as younger workers. Many studies have shown that these assumptions are usually based on false stereotypes rather than the facts.

- **Gerontological Theory** sometimes disguises ageism by calling it a scientific theory, such as disengagement theory which asserts that it is normal and beneficial for elders and society to mutually disengage from each other. There has been considerable controversy over this theory, but the majority of gerontologists now believe that activity theory is more valid. Some gerontologists may disguise their ageism by equating aging with deterioration. Sometimes they write about “functional age”, which is a euphemism for functional decline. Others say they study “bio-markers of age”, when they really are studying bio-markers of illness and deterioration.

- **Humor** is a common way of disguising ageism in jokes, songs, cartoons, and birthday cards. Most of this humor is based on negative stereotypes about old people.

- **Unconscious ageism** is a disguise which is so hidden that the perpetrators and victims are unaware of its operation (Levy, 2005). It has been found to affect walking speed, reaction times, and other cognitive abilities. This is perhaps the ultimate disguise of ageism.

References


*Slogans for the Day:*

All aging is “Successful Aging” – otherwise you’re dead.

- **Ashton Applewhite**

*The opinions in this editorial are those of the editor and not necessarily those of the Center on Aging.*
M. Lepore presented *Goals, Roles, And Control: Eliciting Stakeholder Views On Person-Directed Care Planning*. The presentation concluded with lessons learned from this method of stakeholder engagement for future efforts to implement PDCP in nursing homes.

K. Scales, K. Corazzini, E. McConnell, R. Anderson, K. Porter, T. Thach, Y. Song, M. Lepore also presented *Person-Directed Care Planning In Nursing Homes: Stakeholder Insight On Policy Implementation*. They concluded that this methodology helped ensure that the study generated relevant and actionable evidence that nursing homes will be able to use to implement the upcoming federal directives around person-directed care planning.

A. Shogan, E. McConnell, L. Matters, G. Upchurch, M. Warren, M. Black, M. Heflin presented *Communities Caring For Seniors: Connecting Primary Care Practices And Community Resources*. They concluded that the Duke connected care model connects diverse primary care practices with geriatrics expertise and community agencies to improve care for older adults.


R.W. Turner, A. Sonnega, D. Weir, K. Whitfield presented *Prevalence And Risk Factors of Depressive Symptoms Among Retired National Football League Players*. They concluded that retired NFL athletes experiencing migraines, arthritis, and difficulty performing common activities are likely to be experiencing symptoms of depression.

J. Wang, H. Xu, E. McConnell, K. Corazzini, B. Wu presented *Living With Cognitive Impairment: Perspectives From Older Adults And Their Caregivers*. Psychological and behavioral coping are identified among persons with cognitive impairment and their caregivers to deal with these challenges.

H. Xu, and B. Wu presented *Association Between Migration and Cognitive Status: A Systematic Review*. They concluded that many migration-associated factors, including changes of occupation, acculturation, and environment, may serve as contributing factors to late life cognition.

H. Xu, P. Straughan, W. Pan, Z. Zhen, B. Wu presented *Validating A Measure Of Beliefs In Health Prevention Screenings Among Old Adults In China*. The validity and reliability of the modified Attitudinal Index support its cultural appropriateness in measuring health beliefs among Chinese older adults.

H. Xu, B. Wu also presented *Edentulism And Cognitive Function Among Middle-Aged And Older Adults: A Cross-National Study*. They concluded that edentulism was independently associated with cognitive function among participants in low-and middle-income countries, and it may serve as a potential early indicator of cognitive decline.
FREQUENTLY ASKED QUESTIONS*

Why do we forget the things we want to remember and remember the things we want to forget?

The main reasons we forget things we want to remember are lack of attention and/or insufficient processing. In order for something to be remembered, we must first pay close attention to it so we can clearly perceive it. We need to avoid distractions and competing thoughts or images. Then we need to process it to move it into the long-term memory banks. This processing can be facilitated by repeating it to ourselves, or rehearsing it, or building up some kind of visual or temporal association, or attaching some kind of label or clue for future recall. The more ways we process it and the more time we spend processing it, the better we will remember it.

The main reasons we remember things we want to forget is the reverse of why we forget: we pay too much attention to it and process it over and over. It does no good to say to yourself, “Forget XYZ!” The mental command, “Forget XYZ,” actually refreshes XYZ in your memory. A better strategy is to concentrate on something else that you do want to remember – preferably something pleasant.

“I got some pills to improve my memory, but I keep forgetting to take them.”

– Anonymous

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

Gerofit Program

Gerofit program receives $9.5 million dollar award for national dissemination and implementation

The Durham VA Gerofit program, an exercise and health promotion program for Veterans ages 65 and over, has long been recognized as an outstanding model of care. First established as a Geriatric Research Education and Clinical Center (GRECC) clinical demonstration program in 1986, it has been disseminated to medical centers across the country with funding from the VHA Offices of Geriatrics and Extended Care and Rural Health. Last year Gerofit was designated as a Best Practice by the VA’s Geriatrics and Extended Care (GEC) as a model that reduces the need for institutional care.

We are pleased to announce that Gerofit has been designated by the Office of Rural Health as an “Enterprise Wide Initiative”. This national designation will be directed by the Durham VA Gerofit program, through the Office of Geriatrics and Extended Care in partnership with the Office of Rural Health and the National Center for Health Promotion.

The Gerofit Enterprise Wide Initiative award of $9.5 million dollars will initially expand exercise outreach to rural Veterans over age 65 across 9 VISNs and 18 CBOCs with future expansions occurring throughout the 5-year initiative program. This recent video produced by a partnering program from the Greater Los Angeles VA highlights the impact potential of Gerofit on our aging Veterans. https://www.youtube.com/watch?v=msFsjkw3-Ag.

Miriam Morey, PhD, is director of this program.
We have two new post-doctoral fellows on board: Amy Thierry and Anna Casey.
Welcome to both of you!

**Amy Thierry, Ph.D., M.P.H.**, comes to the Duke Aging Center from Penn State where she earned a Ph.D. in Biobehavioral Health with a minor in Demography. For her dissertation research, she used the Health and Retirement Study (HRS) data to examine racial/ethnic and gender differences in the relationship between chronic stress and physical disability, while integrating telomere length as a predictor of disability development. Her primary mentor is Dr. Scott Lynch, Professor in the Department of Sociology. Dr. Thierry's research will use the HRS to examine neighborhood stressors experienced by midlife and older adults to better understand how environmental context contributes to disability disparities. Her research will include measures of inflammation and telomere length to elucidate potential cellular processes linking stress and physical disability.

**Anna H. Casey, Ph.D.** completed her doctorate in Behavior, Cognition and Neuroscience at American University. Dr. Casey's dissertation research investigated the effects of task effort on the observing response in tufted capuchins at the NICHD's Laboratory of Comparative Ethology. With Dr. Anne Yoder, director of the Duke Lemur Center, and Dr. Richard O'Brien, chair of the Department of Neurology, she is currently examining age-related cognitive decline in gray mouse lemurs. Results from her cognitive-behavioral tests will be compared with genotyping and brain imaging to assess the viability of the mouse lemur model for late-onset Alzheimer's Disease.
Miles Berger, MD, PhD, is the winner of the 2016 William L. Young Neuroscience Research Award for his project titled “The role of MCP1 and Monocyte Activation with the Central Nervous System in Human Postoperative Cognitive Dysfunction, Delirium, and Brain Network Activity Changes”. He was honored with a plaque of recognition at the luncheon at the 44th Annual Meeting in Chicago of the Society for Neuroscience in Anesthesiology and Critical Care (SNACC), and also on the SNACC Website, as well as with a $5,000.00 award. SNACC is an organization dedicated to improving the art and science of neurosurgical anesthesia, and the care of the critically ill, neurologically impaired patient.

Berger is an Assistant Professor of Neuroanesthesiology and Senior Fellow of the Center on Aging.

Harvey Jay Cohen, MD, was given a Lifetime Achievement Award by the Brooklyn College Alumni Association “in recognition of a distinguished career and outstanding achievements which have contributed to the living history of Brooklyn College”. Cohen is the Walter Kempner Professor of Medicine and Director of the Center for the Study of Aging and Human Development, Inaugural Pepper Center Principal Investigator 1992-2016, and Chair Emeritus, Department of Medicine. He has published more than 350 peer reviewed papers, as well as book chapters on topics in geriatrics and hematology/oncology, with special emphasis on aspects of cancer and immunologic disorders in the elderly, functional decline, geriatric assessment and anemia in the elderly. He is author of the book Taking Care After 50, and co-editor of The Link Between Religion and Health: Psychoneuroimmunology and the Faith Factor; Geriatric Medicine, 4th Edition; and Practical Geriatric Oncology.

Kimberly Johnson, MD and Heather Whitson, MD were both named as Duke Health Scholars by a new program to encourage research among mid-career clinician-scientists in the Medical Center faculty.

Kimberly Johnson, MD is associate professor of medicine in the Division of Geriatrics and Center for Palliative Care and senior fellow in the Center for the Study of Aging.

Heather Whitson, MD Associate Professor of Medicine, Associate Professor in Ophthalmology and Senior Fellow in the Center for the Study of Aging.

Jane F. Pendergast, PhD, a professor of biostatistics and bioinformatics in the Duke Medical School and Senior Fellow at our Center, has been recognized in the American Association for the Advancement of Science section on statistics for advancing statistics within public health and for her “skilled, creative and dedicated service to the profession, including effectively advocating for improved recognition of AAAS Sections.” At Duke, she works with researchers in the Division of General Internal Medicine and the Duke Center on Aging, and teaches in the Biostatistics & Bioinformatics Department’s graduate program.

Congratulations to you all!
COMING EVENTS

March 7-12, 2017: 43rd Annual Meeting of Association for Gerontology in Higher Education. Miami, FL. Contact: meeting@aghe.org


April 6-9, 2017: Annual Conference of the Southern Gerontological Society, Ashville, NC. Contact: www.southerngerontologicalsociety.org
