

AGS NEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

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GET READY TO CELEBRATE #AGS18 IN THE MOST MAGICAL PLACE ON EARTH

From remembering the Alamo in 2017, we're now full-steam ahead for magical moments you won't want to miss at the AGS 2018 Annual Scientific Meeting (#AGS18): May 3-5, 2018 (pre-conference on May 2), at the Walt Disney World® Swan & Dolphin Resort in Orlando, FL.

More than 2,000 of our best and brightest colleagues will be joining us in Central Florida to present their research and share cutting-edge expertise on everything from public policy to the health services shaping the future of care for us all as we age.

Our abstracts are submitted and our Mickey ears are packed—how about yours? Here are some must-know tips to help you make the most of #AGS18!

Be Our Guest... By Registering Today!

Register before March 28, 2018, to receive an early-bird discount on

#AGS18 attendance. Registration for the AGS Annual Scientific Meeting guarantees access to all sessions, exhibits, presentations, and posters, as well as food and beverage breaks and exciting attendee-only celebrations!

Meeting.AmericanGeriatrics.org has all you need to reserve your place today!

It's a Small World...When You Plan Ahead for Travel to #AGS18!

The Swan & Dolphin Resort is located just 20 minutes from Orlando International Airport (MCO) in the heart of the Walt Disney World Resort, the "most magical place on earth."

Our home base for #AGS18 will expand your mind with hundreds of sessions and activities covering geriatrics expertise, as well as your imagination with easy access to

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NEW GERIATRICS LEGISLATION PROMISES A BETTER PRESENT AND FUTURE FOR US ALL AS WE AGE

The AGS earlier this year offered a ringing endorsement for the Geriatrics Workforce and Caregiver Enhancement Act (H.R. 3713), a bipartisan proposal for programs addressing the shortage of health professionals equipped to care for us all as we age. Introduced by Reps. Jan Schakowsky (D-IL), Doris Matsui (D-CA), and David McKinley (R-WV), the bill draws on considerable insights from the Eldercare Workforce Alliance (EWA), a collaborative comprised of more than 30 member organizations co-convened by the AGS and now reflecting the diverse expertise of millions of professionals who support health in aging for older Americans.

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AGS 360° WITH NANCY E. LUNDEBJERG, MPA

As much as I'd love to call this my New Year's gown, it's not (though one can hope—especially as I plan for another member party at #AGS18!). It's actually a favorite shot from a fashion exhibit I attended. And having recently co-chaired a workshop hosted by the National Academies of Sciences, Engineering, and Medicine Forum on Aging, Disability, and Independence, it's taken on new meaning in the context of geriatrics.



© Nancy E. Lundebjerg

If you're wondering what fashion and health have in common, you aren't alone. That's a question we heard often pulling the workshop together, which was sponsored by AARP and held at the Parsons School of Design. The Planning Committee ultimately identified presenters with expertise on everything from the social psychology of discrimination to ways that fashion, Hollywood, and even health care can engineer more inclusive solutions that allow aging and disability to be seen (and seen positively).

It's interesting what similarities we share with our fashion colleagues. Designers committed to inclusion still struggle with stereotypes that (at best) try to hide age and (at worst) treat it as a problem where you sacrifice beauty

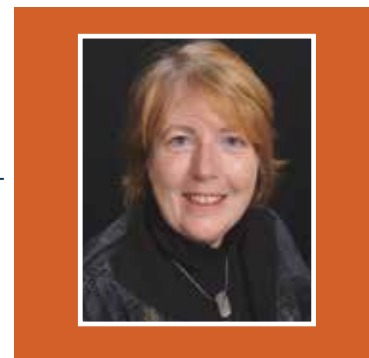
for the sake of utility. The passion and commitment these designers bring to their work—which remains under-funded and in short supply—reminded me of what makes geriatrics so unique. Where the general public sees aging as a “problem” that is “out of sight and out of mind,” our members are working across research, clinical practice, public policy, and education to (re)define what “aging” really means.

As one workshop attendee noted: “Dismal expectations can become self-fulfilling as people start...growing older.” Part of how we combat that is by emphasizing the value of geriatrics—its commitment to high-quality, person-centered care; its innovative approach to what Mary Tinetti and others have skillfully dubbed our “5Ms”: mind, mobility, medications, multi-complexity, and respecting what matters most.

Another critical aspect of the change we want to see, however, comes from celebrating our strengths and refusing to accept misperceptions about what we do—especially when encouraging early-career professionals.

Earlier this fall, we welcomed a second group of fellows (from Northwell Health in New York) to the AGS offices. By the time this letter reaches you, Deb Saliba (AGS President), Sharon Brangman (ADGAP Board Chair), and I will have visited trainees in San Francisco as an important extension of a meeting we're attending. Our offer of a visit (here, there, anywhere) always stands (All you need do is ask!)—and it stands for a very important reason: Hearing from our future colleagues about their challenges is the only way we can design a better future for us all.

A few important reflections from our conversations: Geriatrics trainees,



like many members, come to the field because they love older people and had strong mentors early in training. Like AGS members, they are concerned about health policies that don't support high-quality, person-centered care. We look forward to hearing and learning more from early-career professionals who join the AGS. Their voices are important to our work, and supporting them remains a key priority for the AGS.

One way that our members can support early-career professionals is by making a donation to the AGS Health in Aging Foundation (HealthInAgingFoundation.org). Your generous support will allow us to provide travel support for incoming fellows and other trainees to attend #AGS18. Your gift will also support HealthinAging.org, which welcomed hundreds of thousands of visitors in search of health information in 2017. We are embarking on an update to the site, which we'll launch in 2018. Donations will help make that work possible.

So I've printed out my fashion snapshot as a reminder that—across all this work and more—beauty and utility need not be mutually exclusive. What *you* do every day on behalf of older adults and caregivers is creative and inspiring—and it's helping design a much better future for us all as we age. ♦

Best,

Nancy
Chief Executive Officer

REPORT FROM NIA-SPONSORED CONFERENCE ASKS: WHAT DON'T WE KNOW ABOUT BLADDER CONTROL, WHY DOES IT MATTER?

Nearly 40 percent of older women and up to 35 percent of older men live with distressing urinary symptoms, including difficulty with bladder control and voiding. The lack of truly effective and safe therapies for these challenges stems from insufficient knowledge of the biological mechanisms for urinary control, the impact of aging and disease on urinary control, and the relationships of symptoms to urinary health and overall well-being, so say researchers reporting on a prestigious conference hosted by the AGS and funded by a grant from the National Institute of Aging (NIA) to George A. Kuchel, MD, FRCP, AGSF, Director of the UConn Center on Aging and Travelers Chair in Geriatrics and Gerontology at UConn Health.

A summary report published earlier this year in the *Journal of the American Geriatrics Society* emphasizes that the conference—the third in a series on common geriatric syndromes like incontinence, delirium, and sleep disturbances—holds promise for pin-pointing gaps in knowledge and building a better research agenda to improve care for us all as we age.

“Despite its prevalence among older adults, incontinence remains under-reported and under-treated, a reality for many of the conditions addressed through the AGS-NIA conference series,” said Phillip P. Smith, MD, Associate Professor of Surgery at UConn Health, an NIA-funded Beeson scholar, and a co-author of the report. “Bringing renowned leaders together to look critically at what we know, what we don’t know, and how we can bridge that divide will not only lead to better treatments but

also will help model the way to high-quality, person-centered care for all older adults.”

That process begins by identifying gaps in clinicians’ understanding of serious health concerns like incontinence, according to the expert panel

“Risk factors common to all geriatric syndromes include older age, decline in functional independence, impaired mobility, and impaired cognition,” notes the conference report. “Identifying common shared risk factors and pathophysiological mech-



Despite its prevalence among older adults, incontinence remains under-reported and under-treated, a reality for many of the conditions addressed through the AGS-NIA conference series.

— Phillip P. Smith, MD

of conference attendees. Principal among these gaps, for example, are unanswered questions about social, health, and personal factors that contribute to urinary control failures such as overactive bladder, voiding, and urinary retention.

Focusing on urinary incontinence, a leading cause of social isolation and distress for older adults, the panel also highlighted research questions not typically included in clinical data sets that drive new and better treatments. In this context, conference experts from many different disciplines reported on the current state of urinary incontinence research across four critical areas: basic science, translation of discoveries from the bench to the clinic, healthcare delivery, and the frequent yet under-recognized clinical overlap between incontinence and other common geriatric syndromes in the same individual—a critical focus of the AGS-NIA conference series.

anisms [will be key to] future research efforts.”

Among other highlights, the conference report notes that behavioral therapy has emerged as one of the most successful treatment options for addressing bladder control, though it still is not offered to most older adults. Lack of provider awareness for behavioral techniques may be one reason for the gap, along with reimbursement models that fail to account for the time it takes to teach behavioral therapy skills. Future goals for treating urinary incontinence should include improving behavioral training to make it more effective, as well as offering that training more widely.

The conference report stems from an October 2016 meeting sponsored by the National Institute of Health (NIH) as part of a U13 conference grant. Funding for the conference was provided by the NIA (U13 AG039151), with additional support from Allergan, Astellas, and Medtronic. ♦

FROM OUR PRESIDENT

DEBRA SALIBA, MD, MPH, AGSF

“Hope smiles from the threshold of the year to come, whispering ‘It will be happier.’”

—Alfred, Lord Tennyson

For all of us at the AGS, the start of a new year gives us a chance to think about encouraging a new generation of health professionals to consider careers in aging. Partly, this is just practical: We already need more than 20,000 geriatricians, but we have fewer than 7,400 practicing nationwide. Nursing has grown tremendously in recent history, but we still have far too few nurses than we’ll need come 2025. Pharmacists, physician assistants, social workers, gerontologists and so many other geriatrics partners remain in high demand, which is opening doors to new opportunities for future practitioners and leaders in these fields.

For a professional community like ours, however, much of encouragement to consider careers in aging has always been purpose-driven. We take pride in what our work accomplishes. We strive to build a community to make that work possible. And we want to encourage others to see geriatrics for what it is: A vibrant, rewarding professional home—one critical to the care we all deserve as we age.

As the momentum for geriatrics and advanced illness care grows nationally, we’re also keenly aware that it must have firm roots at the AGS. Ultimately, those roots take hold when we connect our current geriatrics leaders to the aspiring health professionals who will continue to

champion geriatrics expertise—something we prioritize as a professional society.

This is why the AGS Board of Directors will now be adding a trainee representative to the Board as an *ex-officio* member appointed for a three-year term. Our goal in welcoming this new partner is to bring the voice of our newest members and colleagues to discussions and decisions about the future of clinical practice, public policy, and public and professional education. We also hope to add more trainee representatives to our committees. We’ll be sharing more details soon about the nominating process, so be sure to follow MyAGSOnline and your weekly member emails for additional information.

We can learn a great deal from trainees about what motivates new generations to consider careers caring for older adults. And we at the AGS play a pivotal role in *translating* that perspective into action. That’s something we continue to emphasize across all our focus areas—from the lab bench to the legislative floor. For example, the Health in Aging Foundation, supported by your donations, provided educational opportunities for nearly 100 geriatrics trainees at #AGS17. These colleagues represent the future of our profession *and* the future of our Society.

On the national stage, we’re also working with partners like the Eldercare Workforce Alliance on important legislation like the Geriatrics Workforce and Caregiver Enhancement Act, introduced earlier this year by Representatives Jan Schakowsky (D-IL), Doris Matsui



(D-CA), and David McKinley (R-WV). Please contact your Representative to encourage support for this bill (see p.5). If enacted, this Act will establish and authorize funding for the Geriatrics Workforce Enhancement Program (GWEP). It would also reestablish and enhance the Geriatric Academic Career Award (GACA), a previously funded program that enabled career development for hundreds of clinician-educators. Support for programs like these helps to build the momentum for a world where all older adults will have access to high-quality, person-centered care.

Whether through public policy, professional education, or the range of other priorities we champion, we see hope smiling “from the threshold of a new year” in anticipation of what we plan to achieve together. That work isn’t always easy, but I know that it will always be guided by our commitment to a brighter future—for our colleagues *and* for the countless older adults and caregivers they support. ♦

A happy and healthy new year to you all,

A handwritten signature in black ink that reads "Debra Saliba".

Debra Saliba, MD, MPH, AGSF
@DebraSalibaMD

“The future we’re working for at the AGS—a future where all older Americans have access to high-quality, person-centered care—begins by building a workforce to make that possible—and by ensuring that workforce can connect us to the tools and supports we need as we age,” notes AGS Chief Executive Officer Nancy E. Lundebjerg, MPA. “We commend Reps. Schakowsky, Matsui, and McKinley for working with us and our partners to make that future a reality with the Geriatrics Workforce and Caregiver Enhancement Act.”

Among several critical priorities, the Geriatrics Workforce and Caregiver Enhancement Act addresses two significant needs for geriatrics healthcare professionals:



U.S. House of Representatives chamber at the Capitol in Washington, D.C.

“ We commend Reps. Schakowsky, Matsui, and McKinley for working with us and our partners to make that future a reality with the Geriatrics Workforce and Caregiver Enhancement Act.

The Geriatrics Workforce Enhancement Program:

The proposed legislation would codify into law and authorize funding for the Geriatrics Workforce Enhancement Program (GWEP). The GWEP is the only federal program designed to increase the number of health professionals with the skills and training to care for older adults. Launched in 2015 by the Health Resources and Services Administration (HRSA) with 44 three-year grants provided to awardees in 29 states, the GWEP is helping geriatrics experts develop innovative local solutions to a workforce shortage that impacts us all. When approved, H.R. 3713 will authorize GWEP funding of more than \$45 million annually through 2023, allowing current and future GWEP awardees to educate and engage with family caregivers, promote interdisciplinary team-based care, and improve the quality of care delivered to older adults.

The Geriatric Academic Career Awards:

H.R. 3713 also would reestablish and enhance the Geriatric Academic Career Awards (GACAs), a previously funded program that enabled career development for more than 200 clinician-educators before it was eliminated in 2015 through a consolidation of geriatrics training programs. Since 1998, original GACA recipients have trained as many as 65,000

colleagues in geriatrics expertise, and have contributed to geriatrics education, research, and leadership across the U.S. Renewed GACA funding—with special priority for awards at institutions also working on GWEPs—comes at a critical juncture for the field: Researchers reporting earlier this year on the impact of the GACA noted that, without a substantial increase in funding for geriatrics education and research, the U.S. risks “decimating a workforce that is essential to training health professionals on the unique healthcare needs of older adults.” (DOI: 10.1111/jgs.14884)

“Supporting these programs individually and in tandem builds the momentum we need to ensure access to high-quality, person-centered care,” Lundebjerg observed. “The GWEP will help transform primary care for older adults in the here-and-now. The GACAs extend that vision to our future by developing educators for the next generation of professionals. Together, these programs embrace the present and future of health, safety, and independence for all.” ♦

LEARN MORE AND TAKE ACTION!

- Visit AmericanGeriatrics.org to learn more about the AGS’s work supporting GWEP awardees (bit.ly/2A14fTI), and to hear more about the GACAs in a special AGS-sponsored video series on voices from the field (bit.ly/2ltQdGy).
- Let your legislators know that—when it comes to the geriatrics expertise we all will need as we age—H.R. 3713 matters! Visit CQRCEngage.com/geriatrics to contact your representative today.

FOUR NATIONAL MEDICAL SOCIETIES AND NINE LEADING HEALTH SYSTEMS COLLABORATE TO IMPROVE GERIATRIC EMERGENCY CARE

Leading medical societies and health systems announced this fall the establishment of a new national geriatric emergency department collaborative (GEDC) to help improve emergency care for our nation's older adults.

The AGS, along with the American College of Emergency Physicians (ACEP), the Emergency Nurses Association (ENA), and the Society for Academic Emergency Medicine (SAEM), will work with a team of experts in geriatric emergency care to support health systems across the United States in identifying, studying, and sharing best practices for older adults, millions of whom visit the emergency department every year.

The AGS, ACEP, ENA, and SAEM previously developed expert guidelines on geriatric emergency care in 2014, which are available for free at GeriatricsCareOnline.org. Those guidelines and new educational activities will help partnering health systems promote a variety of proven techniques for improving care for older people—from coordinating expertise among various professionals to ensuring that older adults can transition from the hospital to outpatient settings (like homes or community-based settings) whenever and wherever safely possible. Current participating health systems include Aurora Health Care System (WI), Emory University/Grady Memorial Hospital (GA), Magee Women's Hospital (PA), Mount Sinai (NY), UC San Diego Health (CA), Northwestern (IL), St. Joseph's Regional Medical Center (NJ), University of Chicago (IL), and the University of North Carolina (NC).

The GEDC will continue to add more health centers and partners, contributing to an alliance of national

stakeholders who will help promote national adoption of geriatric emergency care best practices.

"The GEDC will create a national platform equipped to identify best practices in geriatric emergency medicine and build greater awareness about how we can improve care quality and care outcomes for older adults," observed Nancy E. Lundebjerg, MPA, AGS Chief Executive Officer.

The research collaborative is supported by a \$3 million grant from The John A. Hartford Foundation and the Gary and Mary West Health Institute, two national non-profit organizations focused on improving care for us all as we age.

"With the number of older adults growing rapidly as a result of our

aging demographic, there is a critical need for more senior-focused care," said Shelley Lyford, President and CEO of the Gary and Mary West Health Institute. "This pioneering collaborative is an urgent prescription for innovation and shared learning, which will benefit our nation's seniors in emergency rooms across the country."

Added Terry Fulmer, PhD, RN, FAAN, President of The John A. Hartford Foundation: "This dynamic initiative is committed to ensuring that age-friendly best practices in theory become best practices in practice—advancing large-scale changes in clinical care and ED policies to improve the health, safety, and independence of older adults." ♦

Take the Pledge:

"I Will Ask My Patients About Firearm Ownership and Safety"

Writing in the *Annals of Internal Medicine*, Garen Wintemute, MD, MPH—one of America's foremost physician-researchers on firearms-related injuries—called on fellow healthcare professionals to commit to a small but critical action: "We need to ask our patients about firearms, counsel them on safe firearm behaviors, and take further action when an imminent hazard is present."

The AGS has a history of working with leaders and partners like the American College of Physicians (ACP) to address the health impact of firearm-related injuries and deaths in the U.S. In 2015, for example, we endorsed an ACP position statement calling for policies to help mitigate the rate of firearms injuries and deaths in the United States.

You can play a role in that legacy, too.

Visit bit.ly/agsgvpledge (case sensitive) now to join others in committing to ask patients about firearm ownership and safety. Doing so will add your name to a growing list of professionals who will be recognized publicly by the *Annals of Internal Medicine* at Annals.org. ♦

#AGS18 continued from page 1

Disney parks—all just minutes from the field's premier educational event!

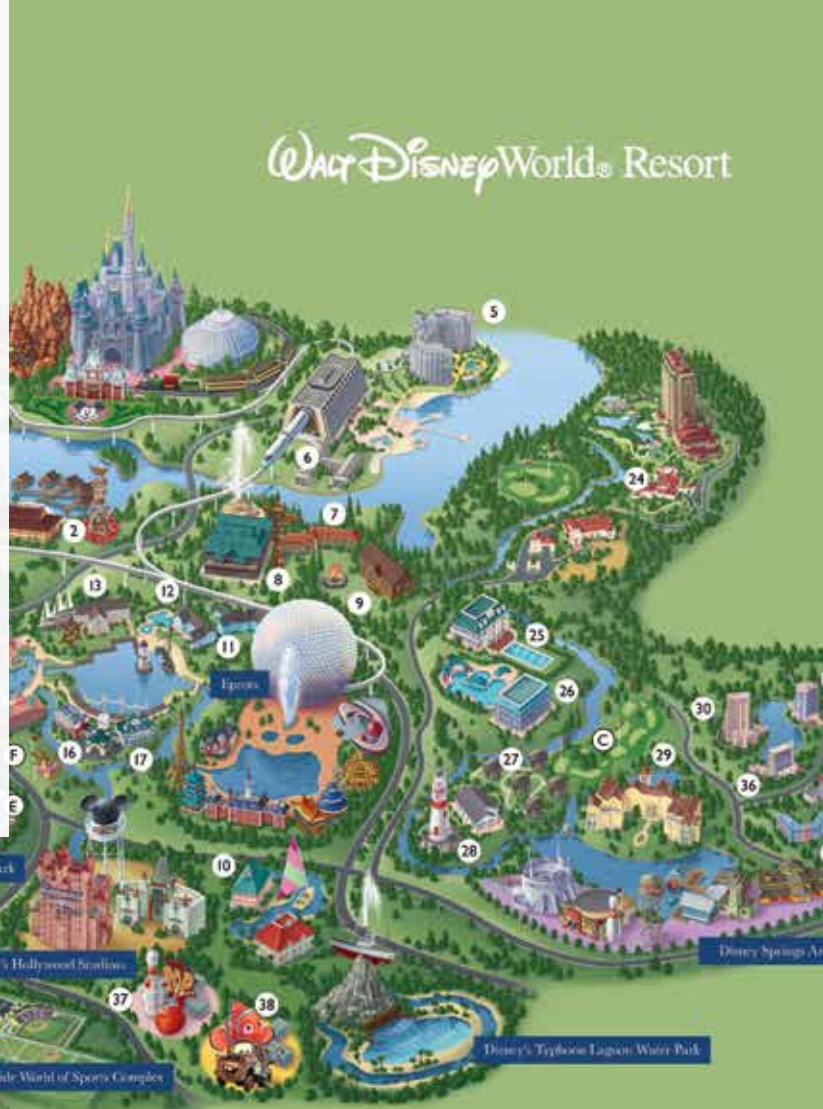
Visit Meeting.AmericanGeriatrics.org/Hotel-and-Travel for more information and to find exclusive deals on resort accommodations.

Find a Whole New World... Thanks to #AGS18 Social Media!

Use #AGS18 to spread the word about your meeting plans on Twitter, Facebook, and Instagram. Look for updates from @AmerGeriatrics, @AGSJJournal, @HealthinAging, and AGS CEO @NLundebjerg to stay in-the-loop on what's trending as we set sights on the Magic Kingdom for a meeting even Mickey wouldn't want to miss!

Don't forget to follow meeting updates on MyAGSOnline, the exclusive online forum for AGS members.

Log in at MyAGSOnline.AmericanGeriatrics.org using your member credentials to see what sessions—and rides!—have your colleagues excited. ♦



AGS Members:

Refer a colleague for AGS membership and you'll be entered in a raffle for a chance to win free #AGS18 registration! Visit AmericanGeriatrics.org/ReferAColleague for details.



AGS INSIGHTS TOP LIST OF CHOOSING WISELY® INTERNATIONAL TOP 10

Writing for the Commonwealth Fund, Karen Born, PhD, MSc, and Wendy Levinson, MD, reported on the international impact of the *Choosing Wisely* campaign, a platform from the American Board of Internal Medicine (ABIM) Foundation to address the overuse of unnecessary tests and treatments. Highlighting initiatives across the world to measure the success of *Choosing Wisely*, Dr. Born and Dr. Levinson note that “now is a critical time to build local capacity for measurement. Fostering measurement of overuse will help determine the impact of *Choosing Wisely* campaigns—and ultimately help reduce the harms from these potentially harmful and wasteful practices.”

Which AGS recommendations made the international top 10? Find out below! To access the full AGS *Choosing Wisely* list of tests and treatments to consider with caution for older adults, visit GeriatricsCareOnline.org. ♦

TOP TEN

1

Don't do imaging for low back pain within the first six weeks, unless red flags are present.

2

Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.

3

Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation, or delirium.

An AGS recommendation!

4

Don't maintain long-term Proton Pump Inhibitor (PPI) therapy for gastrointestinal symptoms without an attempt to stop/reduce PPI at least once per year in most patients.

5

Don't perform stress cardiac imaging or advanced noninvasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

6

Don't use antipsychotics as the first choice to treat behavioral and psychological symptoms of dementia.

An AGS recommendation!

7

Don't perform routine preoperative testing before low-risk surgical procedures.

8

Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.

An AGS recommendation!

9

Don't place, or leave in place, urinary catheters for incontinence, convenience, or monitoring in non-critically ill patients.

10

Don't perform annual stress cardiac imaging as part of routine follow-up in asymptomatic patients.

THANK YOU, FROM THE HEALTH IN AGING FOUNDATION

“I awoke this morning with devout thanksgiving for my friends, the old and new.”

—Ralph Waldo Emerson

Because of your generous support in 2017, we’ve raised more than \$127,000 for the AGS’s Health in Aging Foundation. That support has:

- Helped provide reliable, expert health information to more than 700,000 older adults and caregivers through HealthinAging.org.
- Enabled us to support educational opportunities for more than 80 health professions trainees who have a better understanding of geriatrics thanks to you.
- Allowed us to recognize distinguished achievements in our field with special awards honoring leaders who continue to advance health and well-being for us all as we age. We even presented two inaugural named awards in May 2017!

These milestones are tremendous—and we can’t lose sight of who helped make them possible: AGS members and committed healthcare professionals like you!

At the AGS’s Health in Aging Foundation, we’re working hard through your support to make these successes



stretch farther, move faster, and delve deeper for the millions of older adults and caregivers who look to us as leaders and partners in care. With your support, we look forward to even more moments of giving thanks for friends old and new, and for the work we do to promote the high-quality, person-centered care we all deserve. ♦

➤ Visit HealthinAgingFoundation.org or call us at 800-563-4916 to pledge your support today



Wishing You Happy Holidays and a Healthy New Year!

© Nancy E. Lundebjerg

WHY I'M AN AGS MEMBER

VERONICA ADOUN, MD, AGSF

I took a leap of faith when I decided to go for a geriatrics fellowship after my residency at LSU University Medical Center—Lafayette (now part of Lafayette General Medical Center) because I was the first one in my program to enter geriatrics.

I guess you could say my choice was unexpected, since I'd done a nephrology fellowship in West Africa before moving to the United States. So, when I arrived at Tulane University to begin my geriatrics fellowship, I didn't know what to expect. I did know I'd return to my community after the fellowship to give back—there are so few trained geriatricians in Louisiana. I knew I'd enjoy working with older adults and making a positive difference in their lives.

I met Kenneth Shay, DDS, MS, AGSF, of the Veterans Health Administration (VHA) at an AGS Annual Scientific Meeting, too, and we talked about the prospect of working with the VA. Dr. Shay was extremely supportive, and I'll always be grateful for that—especially since I'm now a geriatrician in the Alexandria VA Healthcare System in Pineville, LA.

I joined the VHA in 2004 because I saw the need to care for the large population of older adults who'd served our country. I've been active with the VHA Geriatric Patient Aligned Care Team (or GeriPACT) and in my community by offering geriatrics lectures to other healthcare providers. Though there are still too few geriatricians, my goal is to help train every

healthcare provider around me in geriatrics expertise.

I still attend the AGS Annual Scientific Meeting annually—

even though it almost always coincides with my wedding anniversary! I've benefited from the many networking opportunities available at the conference, and I've made great friends from all over the country. I enjoy the meeting's fun, diverse atmosphere, which fosters my professional growth. AGS meetings keep me abreast of clinical innovations, new research, and trends. The support I receive from AGS meetings enabled me to reach a personal goal of becoming an AGS Fellow earlier this year!

The AGS is a place where everyone is valued and all opinions are respected. As a junior member, I suggested to then-AGS-President Barbara Resnick, PhD, CRNP, FAAN,



Veronica Adoun, MD, AGSF

Alexandria VA Healthcare System
Pineville, LA

FAANP, AGSF, that new AGS Fellows should be recognized on stage during the Members Business Meeting. I was thrilled when that change was enacted.

I've seen how my AGS membership has benefitted me personally and professionally. Today, I enjoy providing high-quality and person-centered care to our nation's veterans—and I'm happy to belong to a community of colleagues who are living proof of that same passion every day. ♦



The support I receive from AGS meetings enabled me to reach a personal goal of becoming an AGS Fellow earlier this year!

When I attended my first AGS Annual Scientific Meeting in 2002 as a fellow-in-training, I was impressed by the friendly, supportive atmosphere, though I knew no one at the meeting. The AGS members were wonderful, and I knew I needed to belong to this organization.

During that first meeting, I also was struck by the willingness of AGS members to support and mentor junior fellows like me. For example, after I attended a lecture by Laura Mosqueda, MD, AGSF, on elder abuse, I introduced myself as a geriatrics fellow-in-training. She immediately volunteered to be my mentor and cheerleader. She believed in me and inspired me to complete the program.



AGS COMMUNICATIONS TEAM

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AGS News is published quarterly by the American Geriatrics Society. For more information or to become an AGS member, visit AmericanGeriatrics.org. Questions and comments about the newsletter should be directed to info.amger@americangeriatrics.org or 212-308-1414.



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How to Be the Best Caregiver You Can Be

Many of us know an older person with a serious illness or an ongoing health problem. In fact, half of all adult Americans have at least one chronic condition that may need them to need help from a caregiver, family member or friend.

If you've wondered how to show an older person that you care or how you can help them, here are some tips on how to be the best "care coach" or "care champion" you can be.

BUILD CONFIDENCE	Help the person you're caring for build their confidence that they can get through their treatment. Support them in believing that they'll benefit by undergoing the treatment, as difficult as it can be at times.
START WITH SMALL STEPS	Encourage someone dealing with chemotherapy to take just a few sips of water or soup so they get needed fluids, even when nausea or lack of appetite makes it difficult. If they have had a stroke or other mobility problem, help them take just a few steps, with the ultimate goal of getting to the bathroom, for example.
PROVIDE REPEATED ENCOURAGEMENT	Tell them that they can eat some soup or take that short walk to the bathroom, and continue to reinforce the idea. Your encouragement should be realistic and repetitive.
REMEMBER THEIR SUCCESSES	Even when they feel that it's impossible to eat any soup or take any steps today, remind them gently that they did it yesterday and can do it again today.
EXERCISE COMPASSION	When the person you're caring for is going through chemotherapy or other difficult treatment, sometimes the best way to help is to just sit and talk with them during their treatment—that helps take their mind off the process. Or take them out for a milkshake when that's all they can eat. For someone who has had a stroke, help them manage their fear of falling by supporting them when they get up from a wheelchair.
AVOID USELESS GESTURES	Try not to say things like "let me know if I can do anything" or "call me if there is anything I can do." When someone is sick, they're unlikely to ask for help. Take the initiative to provide concrete help.



DON'T HESITATE TO ACT

Never be afraid to just DO or SAY something. Don't avoid getting in touch with someone to let them know you've heard about their illness. Don't hesitate because you're afraid you're intruding on the person's privacy. If you heard about their illness, it is no secret. Never fear calling or sending an email or a card. Show you care in any and every way. You'll know by their response if it helps. Social support is critical to building their confidence and helping them get through their treatment or cope with an ongoing illness.

OFFER WORDS OF ENCOURAGEMENT

Think of things that may have helped you through difficult situations in the past and share them. This may be something as simple as sharing a favorite quote from a book that helped you put things in perspective or gave you hope in difficult times. Such words of encouragement can help the person you're caring for cope with their own challenges in treatment. You can also share your experiences about things that have helped you be resilient and bounce back during challenging times.

CHECK IN OFTEN TO SHOW YOU CARE

Check in repeatedly with the person you're caring for. Educate yourself about their illness and the course of treatment they face. Then call, email, or visit with them at times you know will be most difficult for them.

For example, with cancer treatment, the day of treatment may not be as hard as the days after, when the symptoms really hit. Find out their treatment schedule and check in with them then.

TAKE CARE OF YOURSELF

When you become a care coach, the first and most important step is for you to take care of yourself. You can't possibly give support to someone else unless you're strong yourself. Set limits if you need to and make sure to do the things that keep you happy and healthy.

This tip sheet is inspired by Barbara Resnick, PhD, RN, an advanced nurse practitioner, educator, and researcher with an interest in physical activity and functional performance, restorative care nursing programs, and innovations in long-term care. This is based on her personal experiences as both a caregiver and a care recipient.

