Emanuel Tapped as Orlando Meeting Keynote

GSA has selected oncologist, bioethicist, and former White House advisor Ezekiel Emanuel, MD, PhD, to deliver the keynote address at this November’s Annual Scientific Meeting in Orlando, Florida.

Emanuel is one of the leading practitioners shaping the future of healthcare, with a long record of experience at the top levels of policy. From February 2009 to January 2011, he was a special advisor for health policy to the White House Office of Management and Budget. In this role, Emanuel had a significant impact on federal healthcare budgets and the development of the Affordable Care Act.

Currently, Emanuel is the vice provost for global initiatives, the Diane v.S. Levy and Robert M. Levy University Professor, and chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania. He is also a senior fellow at the Center for American Progress. In addition to his White House post, he previously was the founding chair of the Department of Bioethics at the National Institutes of Health and held faculty positions at Harvard Medical School and the Dana-Farber Cancer Institute.

“After attending a lecture on health care reform by Dr. Emanuel at UCLA several years ago, I was convinced that he would be a superb choice as a keynote speaker at GSA,” said GSA President Rita B. Effros, PhD. “As one of the architects of the Affordable Care Act, together with his clinical experience in the trenches as an oncologist and his expertise in the areas of medical ethics and economics, he has a unique perspective on the long-term future of American health care.”

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Educational Program Directory Makes Online Debut

The Online Directory of Educational Programs in Gerontology and Geriatrics is a new resource from the Association for Gerontology in Higher Education that allows users to browse programs by numerous criteria such as location and type of degree, certificate, or fellowship offered. It can be found at www.aghe.org/onlinedirectory.

This all-digital version replaces the printed directory that AGHE — GSA’s educational unit since 1998 — published for many years. Funding for its development was provided, in part, by Archstone Foundation.

There is no cost to browse or search the online directory, nor is there a fee for educational institutions to submit and maintain their listing. AGHE members will be entitled to more in-depth profiles than non-members. They also will be highlighted in search results, as will institutions that have received an AGHE Program of Merit designation.

“An online directory is of great importance not only to the programs listed in the directory, but to students and other faculty as well,” said AGHE President Donna Wagner, PhD. “The programs will benefit from learning about other programs and potential collaborative opportunities.”

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From the Executive Director

Things Are Looking Great in the Sunshine State

By James Appleby, RPh, MPH
jappleby@geron.org

The abstracts are in! We received a near-record number of submissions — 3,603 — for GSA’s 2015 Annual Scientific Meeting, taking place in Orlando, Florida, from November 18 to 22. I’m grateful to the Program Committee, the many abstract reviewers, and members who are volunteering their time to make this event a success. Abstract notifications will be sent in July. In the meantime, I’d like to share some of the exciting features that will make this conference a special experience.

Our meetings team recently returned from a visit to the Swan and Dolphin Hotels in Orlando, which will be the site of November’s proceedings. It’s been 10 years since we held a meeting in Orlando — it served as a last-minute replacement for New Orleans in 2005 after Hurricane Katrina hit — and we’ve carefully chosen a different first-rate venue this time.

The Swan and Dolphin are a frequent home for scientific conferences and tradeshows, and it’s easy to see why. The hotels are located right on the Walt Disney World property and are within walking distance of Epcot Center and the Disney Boardwalk. There are dozens of dining options and guests will be offered a number of exclusive benefits. Take a look at www.geron.org/hotel to learn more; we will offer discounted lodging rates for attendees starting in June.

As you read on the front cover, GSA has selected a keynote speaker of national renown. Ezekiel Emmanuel not only was a key player in the development of America’s Patient Protection and Affordable Care Act, but he has a multidisciplinary background that makes him an ideal choice to address GSA’s audience. In addition to his former role in the Obama administration, Dr. Emmanuel has held a public sector post at the Clinical Center of the National Institutes of Health, and academic appointments at Harvard Medical School and the University of Pennsylvania. His expertise encompasses medicine, bioethics, and political science. The Orlando meeting also will see the debut of a Career Fair. In a specially designated space adjacent to the Exhibit Hall, GSA will welcome both academic and non-academic institutions looking to conduct interviews with job seekers.

New to the program this year will be a clinical interventions track as part of GSA’s Health Sciences Section programming. It will provide clinicians (geriatricians, geriatric nurses, geriatric nurse practitioners, physical therapists, occupational therapists, etc.) with a series of sessions that focus on translational research. Potential topics include frailty, dementia, and transitional care, and continuing education credit will be available. These sessions are planned for Saturday, November 21, and Sunday, November 22.

The National Institute of Nursing Research turns 30 in 2015, and GSA is planning to host a celebratory session in Orlando, much like it did for the National Institute on Aging’s 40th anniversary at the 2014 Annual Scientific Meeting in Washington, DC. We will welcome representatives from the institute as they reflect on the positive impact it has had on the lives of millions of Americans.

All the information you’ll need to prepare for the meeting can be found at www.geron.org/2015. We plan to open registration at the end of June, and early-bird rates will be available until September 15. Those dates also correspond with the abstract submission period for the Late Breaker Poster Session, which offers you the chance to submit your newest research results. GSA will provide numerous reminders about the deadlines in all member communications. There’s a lot to look forward to!

James
Denham Harman, MD, PhD, best known for his 1954 proposal of the Free Radical Theory of Aging, has passed away at age 98. He was a GSA fellow and a member since 1970. Harman, who was nominated six times for the Nobel Prize, theorized that free radicals — highly reactive molecules freed in the normal chemical processes — cause aging and disease through their destructive actions in cells and tissues. The theory was first ridiculed and dismissed by many in the scientific community, but gained support in the 1960s with other scientists. At the time he developed his aging theory, Harman was serving as a research fellow in the Donner Laboratory of Medical Physics at University of California, Berkeley. He served on the faculty of the University of Nebraska Medical Center in Omaha for 52 years.

New Books by Members

• “Aging in the Right Place,” by GSA Fellow Stephen Golant, PhD. Published by Health Professions Press, 2015.
• “30 Lessons for Loving,” by GSA Fellow Karl Pillemer, PhD. Published by Hudson Street Press, 2015.

Members in the News

• On January 9, GSA Fellow Tarynn Witten, PhD, was quoted in an online Canadian Broadcasting Corporation article titled “The ‘Quiet Genocide’ against the Transgender Community.” Witten discussed the importance of highlighting the issue of violence against gender non-conforming individuals.
• The Portland Press Herald interviewed GSA Fellow Marilyn Gugliucci, PhD, for a piece titled “Hospice Project Gives Students Rare Insight into the End of Life.” The article was published on March 1 and explored how the University of New England offers students an intimate look into death and dying.
• GSA Fellow Karl Pillemer, PhD, was interviewed by The Huffington Post for an article published on January 21. In the piece, titled “He Asked 1500+ Elders for Advice on Living and Loving. Here’s What They Told Him,” Pillemer discussed his new book “30 Lessons for Loving,” which features practical wisdom from over 700 older Americans with 25,000 collective years of marriage experience.

In Memoriam

Dan Blazer, MD, PhD, has been awarded the Walsh McDermott Medal, which is given to an Institute of Medicine (IOM) member for distinguished service over an extended period. Blazer has served on three IOM boards, two of which he chaired. He currently chairs the Board on the Health of Select Populations and a new ad hoc committee on the public health dimensions of cognitive aging. He has been a member of 16 study committees, six of which he chaired, and four advisory committees. Blazer has seen nine IOM studies through the review phase and also served as a member and chair of the IOM Membership Committee.

Anna Faul, PhD, was named executive director of the Institute for Sustainable Health and Optimal Aging (ISHOA) at the University of Louisville by the Board of Trustees. ISHOA was established by the board in September 2014 to examine the needs of the growing population over age 65. The institute is interdisciplinary, including faculty, staff and students from nearly every school and college comprising the University of Louisville, including arts and sciences, dentistry, engineering, law, medicine, nursing, public health, and social work. Faul is a tenured full professor who came to the university in 2000 as assistant professor of social work. She became associate dean of academic affairs at the Kent School of Social Work in 2003. She also is a Hartford faculty scholar within the Gerontological Social Work Initiative. Faul has held a joint appointment as research associate and distinguished professor in the Department of Social Work of the University of the Free State, Bloemfontein, South Africa, since 2012.

GSA Connect Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org! Here’s what members are talking about:
• Casey Eike, LCSW: “I would like to connect with anyone who practices as a psychotherapist within a medical environment/clinic to discuss how you are meeting PQRS standards.”
• J. Taylor Harden, PhD, RN, FAAN: “Voting and active engagement in our Society are the best ways to ensure my voice is heard on important issues such as elected representation, governance issues, and direction of my section and special interest groups.”
Policy Fellows Take on New Challenges, Gain Foothold in Federal Agencies

I’m a strong supporter of the Health and Aging Policy Fellows Program, and I’ve used this column to talk about its value before. But typically that’s been at the start of a cohort’s term — so this time I would like to take a look at the fellows in action as they go about their work.

This terrific program is supported by The Atlantic Philanthropies and the John A. Hartford Foundation. The Centers for Disease Control and Prevention and GSA’s National Hartford Centers of Gerontological Nursing Excellence provide additional support.

I am a strong believer in this combination of didactic and experiential learning in the public policy and advocacy arena and I like to plug the great value of the program for the participants but also for the field of aging. I extend my apologies to the majority of the fellows for not having enough space to share all the great work they are doing. I have chosen just three examples to give you a sense of the possibilities that this program provides, but information on all the fellows can be found at www.healthandagingpolicy.org.

Seven may be a lucky number because this is the seventh year of the program and it has placed its newly minted fellows in a more diverse set of placements than ever before. This is due in part to the partnerships that the program has developed with more federal agencies. Among those who are enjoying the infusion of the fellows’ energy and experience are the Administration for Community Living, the office of the Assistant Secretary for Planning and Evaluation, the office of the White House Conference on Aging, the Centers for Medicare and Medicaid Services, the Office of the Surgeon General, the Environmental Protection Agency, the National Health Service Corps, and the Department of Veterans Affairs. Also, all of the current and future fellows will be part of the new Change AGEnts Corps, and the Department of Veterans Affairs. Also, all of the current and future fellows will be part of the new Change AGEnts Initiative sponsored by the Hartford Foundation and GSA.

The Lure of the Nation’s Capital

GSA member Rachel Roiland, PhD, RN, is a special advanced geriatric fellow in the William S. Middleton Memorial Veterans Hospital Geriatric Research Education and Clinical Center. Her fellowship is supported by the John A. Hartford Foundation’s National Hartford Centers of Gerontological Nursing Excellence and the Department of Veterans Affairs. Rachel works a few short blocks from the White House in the Office of Geriatrics and Extended Care Services at the U.S. Department of Veterans Affairs. She juggles responsibilities for a number of interesting and demanding projects.

Rachel co-leads a critical effort on performance measurement for six VA programs in both the nursing home and home and community-based settings. The VA, which has been a leader in quality care measurement in the past, is working to create a full suite of measures addressing access, process, outcomes, and veteran’s voice (perceptions). It will be looking at the current measures and others that are being used in other sectors to establish an up-to-date portfolio.

In another project, Rachel is bringing in subject matter experts and VA staff from the field (doctors, nurses, nutritionists, physical therapists) to help analyze the VA’s safety initiative focused on insulin use safety and the potential adverse event of hypoglycemia in nursing homes. As a result of recent private sector data in this area, the VA is looking to compare its care with that of other providers.

To round out her work load, Rachel is part of a task force on transitional care (from acute care to other settings) and is involved with developing a communications strategy for the office, including new fact sheets and brochures for veterans and internal use.

When I asked her about lessons learned, she spoke of the “variety of worlds that exist here, not just the Hill, but also the frequent interplay between many executive branch agencies, staff and members of Congress, advocacy groups, and non-profit organizations all co-existing and working together.” Of course this makes for exciting and demanding days with many distractions. She said that one thing she has learned is to understand that “there is the short game and the long game — what we have to address today but also keeping focused on what we are ultimately working towards or trying to do in the long run.”

Her experiences working with other federal employees have been positive and she, like Patricia Yu below, has found her colleagues to be “people who have a sense of purpose and really just want to do good work and help people.”

She sees herself as a bit of an advocate in her position also — advocating for the importance of good research to be used in the policy process.

When I asked her about recommending the program to others, she said, “Go for it; its been an amazing experience, and a wonderful opportunity to learn things I didn’t even know I needed to know or could know. This has been a turning point in my life towards a policy career.” She also knows now more than ever the critical role that research should play in developing policy.

It’s All About Relationships and Advocacy

Patricia Yu, PhD, LCSW, completed her doctorate in social work at Boston College in June 2014. She is a recipient of the Hartford Pre-Dissertation Award, Institute on Aging Fellowship, Fahs-Beck Fund, and the National Association of Social Work Jane B. Aron Doctoral Award.

Patricia is a residential fellow in Washington, DC, working on the staff of the White House Conference on Aging (WHCoA). Sometimes timing is just right and Patricia came to DC just as Executive Director Nora Super and the WHCoA got into full swing. She plays a critical role in the work that is unfolding for the “big event” coming up probably in July at the White House. I had an opportunity to speak with her as she prepared for the WHCoA regional forum in Phoenix. She will attend all five of these planned...
forums as an observer and connect with numerous community
groups during this period. As she tells it, however, “My main role is
as a policy analyst working under the Executive Director Nora
Super. I have responsibilities working with the four policy
workgroups and in developing and writing a policy brief that will
come out in April on the four primary issue areas: long-term
supports and services, healthy aging, elder justice, and income
security. We are collaborating with all the federal agencies with links
to aging, such as HHS, the VA, Labor, CMS, NIA, and Justice.”

When I asked Patricia about her experience so far and the lessons
learned, a theme that I have used in my advocacy training institutes
came up — that many of our GSA and aging network colleagues
already have many of the tools needed to effectively work in
government. Patricia pointed out that as a social worker she has
been able to use her understanding of program administration,
organizing groups, communication, collaboration techniques,
drawing people together, disseminating information, and more
in her work at the WHCoA. She says she has learned a lot from Nora
Super and others, but that the tools she brought to DC have been
helpful in making her feel comfortable in this new role.

She said she is impressed with the caliber of staff with whom she
has worked. “I am seeing that the public often does not know all
the federal government is working on for aging … all the
collaboration, financial resources, and time. Staff is working so
incredibly hard on these issues and not seeking attention for
themselves. They feel passionate about aging.”

Patricia sees that part of the missions of the WHCoA, ACL, and
the Department of Health and Human Services is to advocate for
older adults, and she has become a bit of an advocate herself. When
it comes to working with various communities, many need some
guidance on what the executive branch can and cannot do. She has
tried to empower individuals and groups to be more effective
advocates for their ideas by helping them understand the role of the
federal government and frame their issues accordingly. “We have
sure there are limitations on what we can say or advocate for, but everyone
is working hard for the same goals for older people.”

Putting the Other Washington on the Advocacy Map

Shirley Bondon, JD, is the manager of the Office of Guardianship
and Elder Services at the Washington State Administrative Office
of the Courts. The office is charged with developing policies, programs
and services to mitigate the impact the age wave will have on the
court system. Shirley's work contributed to developing the most
comprehensive guardianship training program in the country at the
University of Washington, the state's first statewide training program
for lay/family guardians, and the policies and procedures that guide
the Public Guardianship Program.

Shirley is a non-residential fellow placed at the Administration
for Community Living (ACL), under the mentorship of Assistant
Secretary Edwin Walker and Omar Valvarde. Shirley described the
five (count 'em, five) projects she is working on.

Before the Washington State Supreme Court received a Working
Interdisciplinary Networks of Guardianship Stakeholders grant this
year, Shirley had already been planning on the development of an
online survey to use for priority setting as part of the effort to assess
and improve guardianship in Washington. She is now doing this
with ACL and with the approval of the American Bar Association
and the National Guardianship Network. For her second project,
Shirley is developing a system for quantifying the guardianship fee
and caseload structure.

“There’s always been a concern about what the caseload for
professional guardians should be and what they should be paid and
how do you make that determination,” she said. “So I developed a set
of factors over the past seven years on what makes a guardian case
difficult. The goal was to take those factors and look at many, many
cases, at least 1,000 cases, and run a regression analysis to see what
was really related to a difficult case and then we could determine how
many hours, in terms of low/ medium/ high for difficulty. Then we
could set a caseload of how many cases you should have at this level
and also how much the guardian should be paid.”

The third project involves recommendation seven of the Elder
Justice Coordinating Council. This council’s mandate is part of the
Elder Justice Act legislation. Recommendation seven addresses
financial exploitation by fiduciaries.

Shirley explained, “The goal here is to improve communication
between the Social Security Administration, the Department of
Veterans’ Affairs, and the Office of Personnel Management because
they all have something to do with representative payees or money
for the incapacitated person.” Her work could lead to agreement on
how to safely share and better use information available to some
agencies in order to protect individuals from fraud and
unscrupulous representative payees.

Shirley is also working on developing a program that would
create teams that would review interviews or videos of individuals
who might need a guardian or supported decision-making. They
could make suggestions about how to make supported decisions.
This project will take some time but ACL is very interested in this
area. Finally, Shirley is also involved in the WHCoA Regional
Forum in Seattle. She will attend and participate in subsequent
policy discussions related to issues raised there.

Suffice it to say, Shirley is living in a very different Washington
that the one on the East Coast, but has successfully connected the
state-oriented issue of guardianship with those at the federal level
who understand its importance to older and disabled individuals.

About the experience she said, “I wanted to do things I had never
done before, you know, to stretch.” She has found that national and
state policy develops much the same way. Shirley also noted how
hard government employees work and the importance of their role
in interpreting and implementing new laws.

So there you have it — only three of thirteen, and that's just the
current cohort. One can only imagine the impact they are all
making! The Health and Aging Policy Fellows Program is directed
by Harold Pincus and Kathleen Pike of Columbia University. For
more information, visit www.healthandagingpolicy.org.
Continued from page 1 - Emanuel Tapped as Orlando Meeting Keynote

American health care that will undoubtedly resonate with GSA’s interdisciplinary membership.”

Emanuel is also a well-known author. His most recent book, “Reinventing American Health Care,” provides a definitive account of the Affordable Care Act — what it changes, what Americans can expect going forward, and what this means in the long-term. He also has published over 250 peer-reviewed articles on the ethics of clinical research, health care reform, international research ethics, end-of-life care issues, euthanasia, the ethics of managed care, and the physician-patient relationship. His articles have appeared in such medical journals as the New England Journal of Medicine, The Lancet, and JAMA. His popular writing has appeared in The New York Times, The Wall Street Journal, The Atlantic, The New Republic, and many other publications.

Additionally, Emmanuel has been elected to the Institute of Medicine of the National Academy of Science, the Association of American Physicians, and the Royal College of Medicine in the U.K., and many others. He is a the recipient of the AMA-Burroughs Welcome Leadership Award, the Public Service Award from the American Society of Clinical Oncology, the John Mendelsohn Award from the MD Anderson Cancer Center, and a Fulbright Scholarship (which he declined).

After earning a BA from Amherst College, he received an MSc from Oxford University in Biochemistry, followed by an MD from Harvard Medical School and a PhD from Harvard University.

Meals on Wheels Releases Pilot Study Findings

Meals on Wheels America has published findings from a research study it commissioned from Brown University’s Center for Gerontology and Healthcare Research with funding provided by AARP Foundation. Led by GSA member Kali Thomas, PhD, the 15-week More Than a Meal pilot study involved more than 600 senior participants and compared the experience and health outcomes realized by older adults who receive three different levels of service: daily traditional meal delivery, once-weekly frozen delivery, and individuals on a waiting list for meals. The study found that those receiving and/or requesting Meals on Wheels services are significantly more vulnerable compared to a nationally representative sample of aging Americans; those who received daily-delivered meals experienced the greatest improvements in health and quality of life indicators over the study period compared to the other two groups (individuals who received frozen, weekly-delivered meals and the control group); those receiving daily-delivered meals reported greater benefits from their home-delivered meal experience compared to the group receiving frozen meals; and those who lived alone and received daily-delivered meals were more likely to report decreases in worry about being able to remain in home and improvements in feelings of isolation and loneliness over the study period, compared to the other two groups. For more information, visit www.mealsonthewheelsamerica.org/MTAM.

Brief Details Nursing’s Role in Future Care Provision

Within four decades, as many as 84 million Americans will be 65 or older, which is twice the current number, and almost 20 percent of the total U.S. population. The great majority of these Americans will likely seek assistance in maintaining their health and well-being, making it essential that the nation develop effective and affordable ways to provide the long-term services and supports (LTSS) they need. The latest issue of the Robert Wood Johnson Foundation’s Charting Nursing’s Future policy brief series, “Addressing the Looming Demand for Care as Americans Age: How Nurses are Reshaping Long-Term Services and Supports,” offers ample evidence that nurses have developed creative, sustainable, and compassionate ways to care for people who, because of disability, frailty, or illness, cannot care for themselves. The brief describes a number of innovative LTSS programs, as well as their collective potential to reshape the future of care for older Americans. Such programs have a number of goals, including improving care transitions, enabling older adults to live in the community, preventing physical and cognitive decline, coaching and supporting family members, and making institutional care more homelike. This issue of Charting Nursing’s Future, created in collaboration with the George Washington University School of Nursing, can be found at bit.ly/1OoL5Zk.
Funding Mechanisms for Early Researchers

By M. Maya McDoom, PhD, MPH and Glenna Brewster, MS, FNP-BC

If a research trajectory is your long-term career plan, it is necessary to pursue grant funding. This article will discuss a few grant mechanisms for early researchers.

Ruth L. Kirschstein National Research Service Award Individual Postdoctoral Fellowship

The purpose of the Kirschstein-NRSA postdoctoral fellowship is to enhance the research training of promising post-doctoral candidates who have the potential to become productive, independent investigators in scientific health-related research fields relevant to the missions of the participating National Institutes of Health institutes and centers. This program offers health scientists the opportunity to receive full-time research training for up to three years in areas that reflect the national need for biomedical, clinical and behavioral research. At the start of the fellowship, the applicant must have received a doctoral degree and have arranged to work with a sponsor affiliated with an institution that has the staff and facilities needed for the proposed training. There are also NRSA programs which are focused on supporting the research training of post-doctoral candidates from population groups that have been shown to be underrepresented in the biomedical, behavioral, or clinical research workforce.

- Provides support for a mentored research training in biomedical, behavioral, or clinical sciences through a stipend, tuition and fees, and institutional allowance.
- Eligibility: Research or health professional doctoral degree

National Institutes of Health K-awards

The career development awards (K-awards) aim to increase a strong cohort of new and diverse National Institutes of Health-supported investigators and provides up to five years support for junior investigators (senior postdoctoral fellows or early stage faculty level candidates). K-awards provide a mechanism for candidates to develop and conduct an independent research agenda and to eventually compete for major grant support (e.g. NIH R01); however not all institutes use all K-award types. There are several K-award types including:

- Provides support for a mentored research training in biomedical, behavioral, or clinical sciences.
- Eligibility: Research or health professional doctorate.

- K01 Mentored Research Scientist
  - Provides support for a mentored research training in biomedical, behavioral, or clinical sciences.
  - Eligibility: Research or health professional doctorate.

- K08 Mentored Clinical Scientist
  - Provides support and “protected time” for an intensive, supervised research career development experience in the fields of biomedical and behavioral research, including translational research.
  - Eligibility: Clinical doctorate

- K23 Mentored Patient-Oriented Research
  - Provides support for a mentored research training experience in patient-oriented research.
  - Eligibility: Health professional doctorate.

- K25 Mentored Quantitative Research
  - Provides mentored research training for investigators with quantitative science and engineering backgrounds to integrate their expertise with NIH-relevant research.
  - Eligibility: Research or health professional doctorate and a background in engineering or quantitative sciences (e.g., mathematics, statistics, economics, computer science, imaging science, informatics, physics, or chemistry).

- K99/00 Pathways to Independence
  - Provides a two-stage award to support the final stages of postdoctoral training and to provide independent funding when the candidate transitions to a faculty position. Designed to facilitate transition from mentored postdoctoral research to a competitive independent research career.
  - Eligibility: Clinical or research doctorate, requires one to two years of mentored research training and no more than 4 years of post-doc experience.

New Connections Junior Investigators Grant

The Robert Wood Johnson Foundation New Connections grant is designed to support talented researchers from underrepresented communities. The grant provides support and training to junior investigators to address priorities related to the foundation’s program areas: childhood obesity, coverage, human capital, pioneer, public health, quality/equality, and vulnerable populations.

- Eligibility: Member of ethnic/racial minority, low-income communities and/or first in their family to receive a college degree; have not received prior Robert Wood Johnson Foundation funding; received doctorate within the last 10 years.
- Provides 24 months of funding with a minimum FTE requirement of 25 percent
- Requirements: Expected to submit at least two manuscripts to a peer-reviewed journal as deliverables; investigator may be housed at academic institution, research center, or other 501 (c)3 tax-exempt organization.

Conclusion

Writing any award is a long process to which you must be committed and must allow adequate time for completing the detailed application. Work closely with your mentor to develop a competitive application, consider the funding lines, and definitely contact the program officer to discuss if your research is applicable to the institute’s mission. See the following websites for more information: grants.nih.gov/training/F_files_nrsa.htm, grants.nih.gov/training/career developmentawards.htm, www.rwjf-newconnections.org/apply-for-grant.
Federal Funds Will Bolster Studies on HIV, Aging
The Office of AIDS Research, in collaboration with several other National Institutes of Health institutes and centers, encourages applications for administrative supplements to fund innovative research on HIV and aging through clinical, translational, observational, or interventional studies in domestic or international settings. Supplemental projects must be within the scope of the parent grant. Topics of interest include HIV infection, HIV-associated conditions, HIV treatment, and/or biobehavioral or social factors associated with HIV/AIDS in the context of aging and/or in older adults. The application due date is May 15. For additional details see 1.usa.gov/1Frk5G6.

The Retirement Research Foundation Accepting Applications for Projects in Aging
The Retirement Research Foundation (RRF) is currently accepting grant requests for its application deadline on May 1. Through its responsive grants program, RRF supports direct service, advocacy, education, and training programs for professionals working with elders, and research to seek causes and solutions to significant problems of older adults. Proposals for projects that have a local focus are considered from organizations based in seven states: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects of national relevance are considered from organizations located anywhere in the U.S. The RRF is based in Chicago and is a private foundation devoted exclusively to aging and retirement issues. Throughout its history, RRF has awarded more than $200 million for innovative projects that benefit older Americans. To learn more, visit www.rrf.org or e-mail info@rrf.org.

New Longevity Prize Seeks to Foster Innovation
The Palo Alto Longevity Prize is a $1 million life science competition dedicated to ending aging. Through an incentive prize, the funders’ aim is to nurture innovations that end aging by restoring the body’s homeostatic capacity and promoting the extension of a sustained and healthy lifespan. There are two prizes available and teams may compete for one or both prizes. A $500,000 Longevity Demonstration Prize will be awarded to the first team that can extend the lifespan of its reference mammal by 50 percent of acceptable published norms. Demonstration must use an approach that restores homeostatic capacity to increase lifespan. The next registration deadline for teams is June 15. Visit paloaltoprize.com for more information.

Federal Funds Slated for Multiscale Model Development
Several agencies within the U.S. government have partnered to issue a funding opportunity announcement to support the development of multiscale models to accelerate biological, biomedical, behavioral, environmental, and clinical research. These agencies have stated that in order to efficiently and effectively address the challenges of understanding multiscale biological and behavioral systems, researchers will need predictive, computational models that encompass multiple biological and behavioral scales. This funding opportunity supports the development of non-standard modeling methods and experimental approaches to facilitate multiscale modeling, and active participation in community-driven activities through the Multiscale Modeling Consortium. There are several forthcoming application deadlines; visit 1.usa.gov/1zr6zLg to learn more.

Continued from page 1 – Educational Program Directory Makes Online Debut
AGHE is currently the only institutional member organization dedicated to gerontology and geriatrics education worldwide. Through the new directory, AGHE’s goal is to address the immediate and future workforce crisis in caring for an aging America — by linking those pursuing or wishing to pursue careers in aging to the vast array of educational opportunities available that can equip them to improve the lives of older adults.

“Faculty who are advising students will have the advantage of ‘real time’ information about programs that meet the educational needs of the advisee,” Wagner said. “The program faculty and staff will be able to make changes in their listings as their programs evolve and change over time and as new faculty join them.”

She added that AGHE is the logical host for this new directory. “AGHE and its members have a stake in maintaining a quality product to serve students, faculty, and the public in their informational needs about the field of gerontology,” Wagner said. “We are grateful to the Archstone Foundation for making this innovation possible and to our members who support our work and will be a vital part of the directory.”
The Mentoring Effect, a special project of the GSA Innovation Fund, is a three-year special development effort that will raise funds to exclusively support mentorship within the Society. Spearheaded by GSA Fellows Keith Whitfield, PhD, and Deborah T. Gold, PhD, The Mentoring Effect has already resulted in a number of unique endeavors. Among them is a Small Grants Program that provides funds to jumpstart new mentoring activities.

Below are the details for the first five grants offered within this program.

**Project name:** The Mentoring Effect Minority Issues in Gerontology Grants Assistance Workshop  
**Project leaders:** Adrienne Aiken Morgan, PhD, and Candace S. Brown, MAG, MEd  
**Brief description:** This proposal will help participants navigate the various grant mechanisms funded by the National Institutes on Aging. A proposed workshop will be held as two programmed sessions at the 2015 Annual Scientific Meeting in Orlando. The first session will be an open symposium to all emerging scholars seeking guidance with selecting the appropriate grant mechanism for their research and understanding how the grant review process works. The second will be a closed mentoring session for eight to 10 pre-selected emerging scholars who will receive assistance with refining the specific aims and supporting components of their research proposals.

**Project name:** The Mentoring Switch Project: Two Way Mentorship  
**Project leaders:** Lin “Helen” Jiang, Candace Brown, Marilyn Gugliucci  
**Brief description:** The goal for this grant is to continue the cycle of learning providing current mentors (often senior scholars) a chance to learn from emerging professionals (often recipients of mentorship). Culminating in a workshop at the 2015 Annual Scientific Meeting in Orlando, the aims are to have emerging professionals share their insights and experiences from their professional lives with senior scholars, and establish a work plan to foster future mentee/mentor “two-way” collaborative efforts within GSA. This will provide an opportunity for emerging scholars to increase their self-confidence and for senior scholars to learn new perspectives, and ultimately foster intergenerational relationships.

**Project name:** “Dreaming Futures:” Promote and Enhance Indigenous Research in Aging  
**Project leaders:** Jordan P. Lewis, PhD, and, Sarah Llanque, PhD  
**Brief description:** Through GSA’s Indigenous Peoples and Aging Interest Group, a mentoring program will be made available to five mentor/mentee elder triads. Both indigenous and non-indigenous students and GSA members interested in learning more about, or are working directly with, indigenous elders and researchers across the globe will be welcome to apply for mentorship; mentees will be chosen by the selection committee. The leaders will create the mentor/mentee elder triads based on the mentee’s needs. These triads will collaborate on the development of a session for the 2015 Annual Scientific Meeting and a full-length manuscript for journal submission. Webinars will be conducted throughout the grant period.

**Project name:** Women in Gerontology Legacy (WIGL) Project  
**Project leaders:** Pamela Pitman Brown, PhD, CPG, and Adrienne Cohen, PhD, MPA, LSW  
**Brief description:** The initial goal of the WIGL Project, which emanates from the GSA’s Task Force on Women, focuses on video-graphic documentation and distribution of the contributions of women to the field of gerontology/geriatrics, and the influence of mentoring upon their success. The secondary goal is to analyze how these women rose to prominence within initially what was a male-dominated field, with the assistance of female mentoring. Expected outcomes of WIGL include videographies of the women discussing their female mentors, as well as a profile of each of the women and their “legacy” of mentoring, including some mentees of deceased members of the gerontological community.

**Project name:** Mentor-Mentee Bridging Program  
**Project leaders:** Ning Jackie Zhang, PhD, Bei Wu, PhD, Iris Chi, PhD, and Terry Lum, PhD  
**Brief description:** The Mentor-Mentee Bridging Program (MMBP) was created by GSA’s Chinese Gerontology Studies Interest Group (CGSIG). For the past five years, an average of seven to eight mentors and six to seven mentees have volunteered in this program. The co-conveners of the CGSIG matched them up based on their expertise, research/career interests and projects. Through the new grant, the CGSIG will continue developing this program in line with GSA’s mentoring effect mission and improve its activities and communications.

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Australia Deploying Severe Behavior Response Teams
According to *The Sydney Morning Herald*, the Australian assistant minister for social services announced in February that mobile teams of experts will visit nursing homes to help care providers working with older adults with severe dementia. This federal government program will spend $54.5 million over four years to set up response teams. The funding is a part of the former Labor government allocation to the Dementia and Severe Behavior Supplement. Care teams will assess the cause of the severe behavior and advise staff on how to best care for the person.

Right to Doctor-Assisted Suicide Approved in Canada
The Globe and Mail has reported on a unanimous ruling from the Canadian Supreme Court that established that the “sanctity of life” also includes the “passage into death.” Canadian adults in unending pain will have the right to end their life with a doctor’s help. The Court ruling stated that individuals cannot “waive” their right to life but instead must have a “grievous and irremediable medical condition.” This ruling overturns one from 22 years ago that rejected a right to assisted suicide.

Dementia Becoming More Prevalent in Japan
As reported in multiple Japanese news outlets, one in five people aged 65 or older in Japan will have dementia in 2025, reaching between 6.75 million and 7.3 million. This new projection was included in a draft national strategy for enhancing dementia measures that was disclosed at a meeting of the Liberal Democratic Party. The national strategy that comprises seven major policies, including approaches focusing on the needs of the patients and their families, will be finalized shortly. Also included in this draft plan are efforts for a nationwide campaign to raise awareness of dementia and public forums for dementia patients to describe their experiences. A research team at the Ministry of Health, Labor, and Welfare put the estimated number of dementia patients at 65 or older in 2012 at around 4.62 million, or one in seven. The rise in individuals that are estimated to have dementia in 2025 was attributed to the growing number of baby boomers who will reach the age of 75 in 2025, according to the draft strategy.

United Arab Emirates Facing Care Deficiency
As reported in *The National*, Abu Dhabi, sociologists in the United Arab Emirates are warning that urbanization has led to the isolation of older adults. They say caretakers are struggling to inform the public about issues related to older adults. Speaking from several academic centers, the sociologists said it was important to publicly convey that older adults need more than a room, food, and medication; but rather social interaction to combat depression and loneliness. They also indicated that care facilities and gathering centers are critical to support older adults.

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- A bimonthly newsletter

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State-University Partnerships Aim to Transform Medicaid-Based Care

AcademyHealth announced in December the launch of the State-University Partnership Learning Network, which is designed to support evidence-based state health policy and practice with a focus on transforming Medicaid-based health care. The Learning Network will support state-based partnerships between Medicaid policymakers and their resident state university research institutions to improve the patient experience with care, improve the health of populations, and reduce the per capita cost of healthcare. To achieve these aims, the Learning Network will build a learning community to share and spread best practices and facilitate dialogue between state governmental entities and state university research centers. The network will also support state governments’ capacity to conduct high quality policy and data analysis, provide a mechanism for comparative studies across states, and explore and support the development of partnerships through monthly webinars, in-person meetings, and a members-only web forum. The Learning Network partnerships are formal, ongoing collaborations between a state legislative or executive agency and a state university research center. Partnerships are member-driven and focus on state-funded health programs working to provide the analysis and research, as well as program support, to create essential state-specific health information and conduct policy-related projects and programs. Partnerships include both a state university research center and a state Medicaid agency and/or any state governmental entity that works on the Triple Aim with Medicaid as a principle partner. Currently, the Learning Network has 21 active partnerships in 17 states, including California, Connecticut, Delaware, Florida, Georgia, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, Ohio, South Carolina, and Wisconsin. California, Michigan, and Wisconsin are unique in the fact that they have two or three separate partnerships, as opposed to one.

Grant Will Train Social Work Supervisors in Geriatrics

The John A. Hartford Foundation Board of Trustees has approved a $1.05 million three-year grant to the National Association of Social Workers (NASW) to launch an advanced training program that equips social work supervisors with the geriatric knowledge and supervisory skills they need to help strengthen social work practice on the front lines of health care service delivery. The grant will train 160 master’s level social work supervisors in four regions so that more than 1,200 front line social workers can receive better support.

CALL FOR APPLICATIONS

The Minority Issues in Gerontology Committee (MIGC) is pleased to announce its first Grants Assistance Workshop, which will be held at the 2015 GSA Annual Meeting in Orlando, FL (November 18-22). This will be a two-part workshop for emerging scholars to receive intensive mentorship on grantsmanship in aging research.

Part one of the MIGC Grants Assistance Workshop will be a “Grants 101” symposium open to all emerging scholars who are interested in understanding how the grant application process works and receiving guidance on the appropriate grant mechanism[s] for their research.

Part two of the workshop entitled, “Getting Mentored Towards Your First Grant,” will be a closed mentoring session for pre-selected emerging scholars, who will be matched with GSA Fellow mentors and receive direct feedback on their individual research specific aims. In order to be selected for this session of the workshop, applicants need to be current GSA ESPO members and must submit the following:

1. An NIH-style specific aims page outlining the proposed research
2. A 1-2 page career development statement describing the how the applicant would benefit from participating in the workshop
3. A current CV

Special consideration will be given to applicants whose research interests involve minority aging topics (regardless of the applicant’s background). Accepted applicants will be notified by July 31st and will receive a $200 travel stipend upon the completion of both sessions of the workshop.

All application materials should be submitted as one PDF file to Dr. Adrienne Aiken Morgan, Community Liaison of the MIGC, by April 30, 2015. Please email your application to adrienne.a.morgan@duke.edu and use the subject “MIGC Grants Assistance Workshop Application”. Please email Dr. Morgan with any questions regarding your submission with the same subject.

This workshop is supported by The Mentoring Effect, a special project of the GSA Innovation Fund.
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Registration and housing open June 2015. For more information, visit geron.org/2015.