GSA, Pfizer Partner to Improve Adult Immunization Rates

GSA and Pfizer, Inc. are pleased to announce the launch of an educational program called I-CAMP (Immunization Champions, Advocates, and Mentors Program). The goal of the program is to significantly improve adult immunization rates.

“GSA and Pfizer recognize the urgent public health need to increase adult immunization rates, which unfortunately remain alarmingly low,” said GSA Executive Director and CEO James Appleby, RPh, MPH. “The efforts of this partnership strive to identify, train, and empower professional advocates to help educate and encourage patients to receive the immunizations recommended by the Centers for Disease Control and Prevention to help protect them from vaccine preventable diseases.”

To guide the efforts of I-CAMP, the partnership has formed a workgroup of subject matter experts to develop strategy and messaging, and then assist in the selection of institutions and individuals to target for engagement. The workgroup comprises members of GSA’s broader National Adult Vaccination Program Workgroup and includes: William Ershler, MD, Institute for Advanced Studies in Aging; Stefan Gravenstein, MD, MPH, CMD, AGSF, FACP, University Hospitals Case Medical Center; Donald B. Middleton, MD, University of Pittsburgh School of Medicine; Greg O’Neill, PhD, GSA’s National Academy on an Aging Society; Susan J. Rehm, MD, National Foundation for Infectious Diseases; William Schaffner, MD, Vanderbilt University School of Medicine; L.J. Tan, MS, PhD, Immunization Action Coalition; and Michael D. Hogue, PharmD, FAPhA, FNAP, Samford University.

Continued on page 11

GSA Takes Major Role in IOM Caregiving Study

GSA has received support from the John A. Hartford Foundation to undertake a series of activities related to a new Institute of Medicine (IOM) study on family caregiving for older adults. A key component of GSA’s work on the project will involve the mobilization of the Change AGEnts Dementia Caregiving Network, which is part of the Hartford Change AGEnts Initiative that GSA leads with further support from the Hartford Foundation. (See the October 2013 and April 2014 issues of Gerontology News for more information about the initiative and the network.)

The IOM is launching a 22-month consensus study involving a committee of experts in family caregiving and caregiving-related issues in health care, long-term care, business, technology, and other sectors. Based on an in-depth review of available evidence about family caregiving and information and viewpoints presented in public sessions, an IOM committee will provide recommendations for government and private sector policies and actions to support family caregiving for older adults. The final report is expected in April 2016.

“The John A. Hartford Foundation recognizes the critical role families play in support of our nation’s older adults,” said Amy Berman, a senior program officer for the Hartford Foundation. “This joint effort of the IOM and GSA offers an...
From the Executive Director

GSAs Global Community: No Passport Required
By James Appleby, RPh, MPH jappleby@geron.org

It’s back-to-school month for many GSA members, so this column will start off with an easy one-question quiz: What percentage of GSA’s membership is based outside the U.S.? Is it a) 3 percent; b) 6 percent; c) 12 percent; or d) 18 percent?

The answer is d) 18 percent. Yes, nearly a fifth of our members come from countries other than the U.S. In the last few years, the figure has been similar for attendance at our Annual Scientific Meeting.

It’s important to note that our name, The Gerontological Society of America, only refers to where the organization is based. Aging is a global phenomenon, and scholars around the world are increasingly seeing the value in becoming GSA members and participating in GSA activities. And for the benefit of all members, the Society currently has a number of ongoing initiatives that are bringing gerontologists around the world closer together. This is particularly important for our organization as we prepare to host the World Congress of Gerontology and Geriatrics in 2017.

In the next several months, GSA is partnering with local organizations and educational institutions in Asia to co-sponsor a number of aging-focused conferences there. Over the summer, we recruited members to serve as part of the official GSA delegations to these meetings. We provide links to learn more about them at www.geron.org/asia.

The topics covered in the GSA co-sponsored conferences range from the psychology of aging, health, public policy, and research and clinical practice in cultural context — demonstrating a multidisciplinary approach that has been a part of GSA’s mission since it began in 1945. Additionally, this month’s ESPO News column on page 6 shares the perspectives of several international members and shows what activities the organization is undertaking with emerging scholars.

Yet GSA members need not travel overseas to get the full experience of international collaboration. At the Annual Scientific Meeting in Washington, DC, in November, we will be piloting two “East Meets West” symposia, each in a two-hour special timeslot. One will feature a discussion comparing current clinical problems facing older adults in China and the U.S.; the other will make comparisons on end-of-life care in South Korea and the U.S. The goal of these symposia is to cultivate collaborative research relationships. The organizers will present a brief overview of the topic from the east and west perspectives, followed by discussion questions and other strategies designed to enable attendees to share their areas of expertise.

And for the third consecutive year, GSA will convene a Global Aging Forum at the Annual Scientific Meeting, this time taking place on the pre-conference day (November 5). The title for this session is “Creating Linkages through International Collaboration.”

Furthermore, members don’t even need to wait until November to team up with colleagues from other parts of the world. The new GSA Connect platform on GSA’s re-designed website is a unique member benefit. Through discussion communities, resource libraries, and searchable directories, GSA has made it easier than ever to network with gerontologists who share common interests regardless of national origin.

Since we started with a quiz, I’ll continue the classroom theme and end with a simple homework assignment. As mentioned on the cover of this newsletter, September is our annual Membership Month, during which members are encouraged to recruit others to join the Society. Our website has tips to help you accomplish this. But what I would encourage this September is to think globally and also invite your international colleagues to join GSA if they don’t already know about what the Society offers. So start spreading the word — your due date is September 30!

James

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Fitzgerald Takes UN Committee Post

Kelly Fitzgerald, PhD, has been elected as the representative of the International Federation on Ageing as vice-chair for the United Nations (UN) NGO Committee on Ageing. The group is tasked with developing a work plan for the next year to address current activities in the UN, specialized agencies and other organizations with representation in the Geneva area. Representative from the committee will raise awareness about ageing and intergenerational issues. In doing so, the committee will strengthen its relations with NGOs, and bring diverse voices from local and national levels to an international scale. Fitzgerald is currently a senior scientist at Western Kentucky University and a guest scientist at the University of Zurich.

Mulligan Earns Dentistry Award

GSA Fellow Roseann Mulligan, DMD, was awarded the 2014 Saul Kamen Award during the Special Care Dentistry Association’s 26th annual meeting in Chicago. The award is named after a dentist who devoted his career to improving oral health care for individuals of all ages with special needs. Mulligan is the associate dean of community health programs and hospital affairs, chair of the Division of Dental Public Health & Pediatric Dentistry, and the Charles M. Goldstein Professor of Community Dentistry at the Ostrow School of Dentistry. She is also director of the school’s online Master of Science in Geriatric Dentistry program and has a joint appointment at the University of Southern California Davis School of Gerontology.

Tinetti, Blaum Head New Care Model Endeavor

Mary Tinetti, MD, of Yale University and Caroline Blaum, MD, of the New York University School of Medicine are serving as leaders of CaRe-Align, an initiative to develop a new model of care that could better meet the complex needs of older patients with multiple chronic conditions. This initiative is supported by The John A. Hartford Foundation and the Patient-Centered Outcomes Research Institute. The new model will aim to incorporate the best available evidence for involving patients in their own care, and facilitating communication and coordination between and among primary care and specialty care clinicians.

In Memoriam

Elaine M. Brody, MSW, DSc (Hon), a pioneer in the field of geriatric social work who served as GSA president in 1980, passed away on July 9. She gained recognition for her groundbreaking studies on the effects of caregiving on the families of dependent older adults. Her research on the subject, published in numerous scientific and consumer publications and books, has benefited older adults and their caregivers, and provided valuable instruction to scholars. She was the former associate director of research at the Polisher Research Institute, a former adjunct clinical professor of psychiatry at the Medical College of Pennsylvania, and a former associate professor of social work in psychiatry at the University of Pennsylvania. Brody was named a woman of the year by Ms. magazine in 1986 and authored the 1990 book “Women in the Middle,” which focused on women trying to build careers while caring for children and aging parents. She earned both the Donald P. Kent Award and M. Powell Lawton Award from GSA, and was a past chair of GSA’s Social Research, Policy, and Practice Section, which now gives a student research award in her name. Additionally, GSA has established a memorial fund in her name (see www.geron.org/support-gsa/donate-now) to support student travel to the Annual Scientific Meeting.

New Publications by Members

• “Healthy Aging: Principles and Clinical Practice for Clinicians,” by Virginia Burggraf, RN, DNS, FAAN; Kye Y. Kim, MD; and Aubrey L. Knight, MD. Published by LWW, 2014.

Members in the News

• On May 22 GSA Fellow Deborah Carr, PhD, and members Fernando Torres-Gil, PhD, and Mary Tinetti, MD, were quoted in a Consumer Reports article titled “Healthy Aging into Your 80s and Beyond.” The piece discussed how to stay mentally and physically sharp as you age.

• Dawn Carr, PhD, wrote an article on May 23 for Psychology Today titled “Why You Should Stop Worrying So Much About What You Eat.” Carr discussed how popular diets aren’t always the best for your body as it ages.

• On June 7, Bignewsnetwork.com quoted GSA Fellow Valter Longo, PhD, in an article titled “Fasting for Three Days May Help Jumpstart Immunity.” Longo discussed his research at the USC Longevity Institute on mice and white blood cell counts.

Member Spotlight

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

Lisa C. Barry, PhD, MPH

Visit www.geron.org/membership to ask questions and read previous interviews.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Dana Wassel, DrPH

The recipient, who became eligible after referring new member Susan Webster was randomly selected using randomizer.org. For more details on the Colleague Connection promotion, visit www.geron.org/connection.
We are in the midst of the least productive Congress in decades (if not history). Headlines like “Leadership War Stymies Senate Mission” and “A Congress too Pathetic to Picket” abound. In fact, the number of protests on Capitol Hill is down, and one recent protester told The Washington Post that “People say there’s no sense in dealing with Congress anymore because they are so impotent and useless.” So it’s difficult not to sound cliché or schmaltzy when describing the recent gathering of aging and health care professionals who came to the center of our democracy to sharpen their advocacy tools and change the world for the better.

But the 20 Hartford Change AGEnts who recently came to Washington to challenge our government to address an array of issues on behalf of older adults were truly inspiring. They are intelligent, thoughtful, driven, committed, and for two and a half days in June, they soaked up lectures, consultancies, Hill and federal agency visits, and began to build relationships all in the name of change.

Yes, they are dedicated, but not naïve: they know what they are up against and still believe it is worth the fight. For someone who has been part of this legislative and regulatory policy process since the early 1980s, it is rewarding to be a part of a group who will make a difference.

Before I dive too deeply into the Change AGEnts Policy Institute, about which I may have irrational exuberance, let me remind you about the bigger Hartford Change AGEnts Initiative. The interprofessional Hartford Change AGEnts Initiative in now leveraging the John A. Hartford Foundation’s powerful and plentiful community by helping its scholars and grantees learn from and support one another while they adopt, evaluate, and sustain changes in practice and service delivery. This is not for the sake of change but with the goal of improving the health of older Americans and their families. A rather lofty goal that they are taking on through a number of programs including:

• Annual Change AGEnts Leadership Conference
• Annual Policy Institute
• Annual Communications Institute
• Change AGEnts Online Community
• Webinar series and other online learning opportunities
• Hartford Change AGEnts Action Awards program
• Access to information about and referrals to leadership development programs including the Practice Change Leaders program, Summer Research Institute on Developing Behavioral Interventions, and the Health and Aging Policy Fellowship, among others.

Projects

The Change AGEnts work on a wide variety of projects at the federal, state, and local levels. There are a number of projects related to workforce issues including efforts to create loan repayment and forgiveness initiatives for those entering geriatric-specialty care training programs; increase geriatric or adult/gerontological clinical nurse specialists; use acute care clinical nurses to act as geriatric consultants; and expand a nurse-driven model to reduce disability and delay or prevent nursing home placement, reduce cost, and improve quality-of-life.

Long-term care facilities are addressed by several Change AGEnts, including work to ensure that federal regulatory and enforcement policy supports increasing the number and skill level of staff. One project addresses the lack of funding for the cost of registered nurses. Another nursing home issue focuses on the rights of residents to report abuse is transferred automatically to the front desk and possibly the abuser? This is a situation that cries out for change.

If this sounds like a lot of work to you, you are right. I should mention that the Change AGEnts had to apply to participate in the Policy Institute. The application reviewers were looking for projects that were directed toward systemic change that would be accomplished by policy changes on the national, state, or local level. In addition, the Change AGEnts themselves had to have exhibited leadership for their issue and experience with policy makers. It was not easy to choose from among the many qualified applicants and their inspiring projects.

Projects

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Another set of projects addresses community-based service issues such as expanding Aging and Disability Resource Centers, better integration of services, and improved support for the older adult who is able to move back into the community from a long-term care facility.
In addition, we have Change AGEnts working to improve guardianship quality, expand Age Friendly Communities, create age appropriate and culturally sensitive financial literacy courses, bring high quality dementia teleconsultation services to a rural area, and increase parole opportunities for inmates based on health status. One project focuses on improving the Medicare Annual Wellness Visit by documenting older adult preferences and goals, while another focuses on enabling providers to bill for care coordination.

Finally, we have projects ranging from protecting the well-being of older residents who must be relocated during urban renewal to creating measures to ensure that older adults are appropriate candidates for surgical procedures.

Preparation

To prepare for the Policy Institute, the participants had to jump through some educational hoops. They participated in a webinar on policy advocacy, the nuts and bolts of legislative and regulatory procedure, and what to expect from a visit to Capitol Hill. The webinar featured speakers from aging advocacy organizations in Washington, including the National Association of Area Agencies on Aging. Each Change AGEnt was also given the opportunity to participate in one-on-one conversations with yours truly so that I could offer further direction on identifying key stakeholders and members of Congress that they should pursue in their advocacy. The participants had to complete reading assignments and schedule meetings with congressional and federal staff. Finally, they had to compose a description of their project that could be delivered in the time it takes to travel a few floors in an elevator. This “elevator speech” was the preparation for the session and consultancy at the institute that would help them frame and refine their message. Imagine trying to collapse what you are devoting the majority of your waking hours doing into a talk three or four minutes in length. That skill could pay off if you run into your Senator in the hallway while walking to your next meeting.

Activities

Once in DC, the Change AGEnts were exposed to an array of experts through interactive sessions, consultancies, and social events. Speakers included current and former Hill staff, political movement leaders, state and federal level lobbyists, federal agency staff, and experts on legislative process (at both the federal and state levels), aging and health care issues, and advocacy.

“Why Congress Needs You as Change AGEnts” was one of the highlights of the institute with a presentation by Representative Michelle Lujan Grisham (D-NM). Here was a person who has “change agent” written all over her bio. From her family background as the granddaughter of New Mexico’s first Hispanic chief justice and caregiver to her disabled sister (and now to her mother), to her community service in support of seniors, Grisham has led her life as a change agent. She was the first secretary of aging and long-term services in New Mexico. Now she continues her fight for change on behalf of older adults in the U.S. Congress.

We were pleased to have as a keynote speaker a colleague of mine who has been a leader in civil rights movements over the several decades. His presentation on “How Change AGEnts Think Strategically” gave each of us the tools to think through (once again) what we need to consider and implement in any endeavor to change policy.

An area that is often overlooked, but given the lack of action in Congress, a viable option for change, is the administrative or regulatory approach to one’s change goals. The institute featured a long-time aging advocate who has worked both as someone petitioning the government to act and now as a government policy analyst who is in a position to regulate. Several Change AGEnts have projects that must be resolved at the state level, so we brought in a state level advocate who has worked for AARP and now Families USA to share perspectives and tips. Each state is different, but there are commonalities, and helpful distinctions to understand between the federal and state education and advocacy worlds.

The institute sessions were often broken up with opportunities to brainstorm and receive feedback on strategies and tactics for each change project. For example, one such session helped participants identify allies and opponents, and covered how to use grassroots, grass tops, and coalitions to move one’s change project forward. My favorite session was the tongue in cheek presentation “How Congress Really Works.” Funny, yes, but this information and insight about the process are critically necessary to successful advocacy. Knowing the key differences in the legislative maze between the Senate and the House, how to use committees to your advantage, modifying legislation on the floor, and other insights, amid laughter, were provided by this speaker.

Participants also got a taste of the less abstract through a session on current aging policy and politics of the 113th Congress and beyond, which outlined the possible and the probable legislative victories in the aging and health arenas.

Outcome

The Change AGEnts Policy Institute has set a high bar for measuring success. I will admit that we do believe that there is a White House bill signing somewhere in our future. But even before that proud moment, we know many other achievements will be celebrated by our Change AGEnts. One will be a relationship with a member of Congress where the member asks a Change AGEnt to testify at a hearing. Another will be media coverage for a policy issue championed by a Change AGEnt and a member of Congress working in collaboration. The development of a coalition in support of a change campaign is just around the corner.

So, we all know that change doesn’t just happen, and given the projects that the Hartford Change AGEnts have taken on, it won’t be easy. But even a jaded 30-year veteran of the legislative and regulatory process like me has been moved and encouraged by our GSA colleagues and Change AGEnts to believe real change is still possible, and this is just the first year!
While we are The Gerontological Society of America, part of what makes GSA thrive as an organization is its international members and collaborators. This holds true for ESPO as well. As of July 2014, 139 ESPO members (10 percent of ESPO’s total membership) reported a residence outside of the U.S. In this article we will discuss the benefits and challenges of international membership in ESPO, and highlight ESPO’s recent and current efforts to reach its global members and make an international impact.

**Individual Perspectives on International Membership**

We asked some current ESPO members with international ties to describe some of the benefits and challenges of international membership in GSA. Joohong Min, PhD who is from South Korea but is currently residing in the U.S., joined GSA in 2009. She said that while communicating in English can be challenging, she has benefited from the opportunity to meet people from different universities and attend seminars — especially those planned by ESPO. Rusudan Kilaberia who is originally from Georgia and currently residing in the U.S., has also been a GSA member since 2009. He said that a challenge to international membership is being spread out geographically, which can make it difficult to coordinate efforts. Philip Sauer, the incumbent chair of ESPO’s International Task Force (ITF), is currently residing in the U.S., though he is originally from Germany. He first attended GSA’s Annual Scientific Meeting in 2007 and said the experience solidified his decision to pursue a masters and PhD in gerontology. He added that attending the conference was overwhelming at first, but once he got used to it he has appreciated the opportunity to network both nationally and internationally.

Min, Kilaberia, and Sauer all encourage new international members to get involved with ESPO, talk with more experienced members, and take advantage of the many benefits of student membership. In particular, Sauer advised, “If it is your first GSA conference, just take it all in and do not get overwhelmed by it. I would recommend attending the ESPO sessions and events to get to know your peers from all over the world. Once you have a research agenda, be more selective in what calendars now!”

For instance, ESPO’s International Task Force would be an excellent fit for all international students and emerging scholars.”

**Initiatives of the ESPO ITF**

Sauer and the ITF have been busy with a number of initiatives this year to reach out to international members, spread awareness, and encourage involvement. These initiatives included a book drive, abstract review, and the Global Aging Symposium.

GSAs completed a book drive at the 2013 GSA Annual Meeting, sending relevant gerontology textbooks to the country of Georgia; the shipment was greatly appreciated by a department affiliate.

This year the ITF initiated a new effort to assist with grammar reviews of pre-submission abstracts for GSA from non-native speakers. It was a great success and the ITF hopes to continue this service and advertise it even more. We hope this increases conference participation by international student members!

Be on the lookout for another Global Aging Symposium at GSA 2014 sponsored by the ITF. Presenters will give talks on cross-national and international aging and GSA Fellow Suzanne Kunkel, PhD, will serve as a discussant. More details on this symposium can be found when the conference program is released.

**Looking Toward the Future**

ITF is planning an awareness campaign to reach out to targeted departments around the world in order to increase global outreach. Dissemination techniques might include emails to department chairs and graduate students with the hope that word will spread and any suggestions you have regarding this initiative would be appreciated.

From July 23 to 27, 2017, GSA will host the International Association of Gerontology and Geriatrics’ World Congress of Gerontology and Geriatrics in San Francisco. Visit www.iagg2017.org for more information on this exciting conference and mark your calendars now!

If you are an international student member of GSA, we encourage you to participate in ESPO and lend any suggestions or talents you have to the ITF. We hope to meet you in November in Washington, DC!
GSA Honors Outstanding Individuals

Please join us in congratulating our awardees and fellows at the 67th Annual Scientific Meeting in Washington, DC!

GSA salutes outstanding research, recognizes distinguished leadership in teaching and service, and fosters new ideas through a host of awards. The winners’ achievements serve as milestones in the history and development of gerontology.

Society-Wide Awards

Donald P. Kent Award
Presented to Marie A. Bernard, MD
National Institute on Aging
National Institutes of Health
Presented at the President’s Opening Plenary Session
Thursday, November 6, 1 p.m.

Robert W. Kleemeier Award
Laura L. Carstensen, PhD
Stanford University
Presented at the President’s Opening Plenary Session
Thursday, November 6, 1 p.m.

Maxwell A. Pollack Award for Productive Aging
Presented to Andrew E. Scharlach, PhD
University of California at Berkeley
Friday, November 7, 5 p.m.

M. Powell Lawton Award
Presented to Laura N. Gitlin, PhD
Johns Hopkins School of Nursing
Center for Innovative Care in Aging
Friday, November 7, 3 p.m.

Margret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology
Presented to Corinna E. Löckenhoff, PhD
Cornell University
Thursday, November 6, 10 a.m.

Doris Schwartz Gerontological Nursing Research Award
Presented to and lecture by Heather M. Young, PhD, RN, FAAN
University of California, Davis
Betty Irene Moore School of Nursing
Presented at the Nursing Care of Older Adults Interest Group Meeting
Thursday, November 6, 5:30 p.m.
awardees and fellows

Behavioral and Social Sciences

Distinguished Career Contribution
to Gerontology Award
Presented to J. Jill Suitor, PhD
Purdue University
Presented at the BSS Business Meeting
and Award Presentation
Friday, November 7, 11:30 a.m.

Richard M. Kalish Innovative
Publication Award (Book)
Presented to Madonna Harrington
Meyer, PhD
Syracuse University
Presented at the BSS Business Meeting
and Award Presentation
Friday, November 7, 11:30 a.m.

Richard M. Kalish Innovative
Publication Award (Paper)
Presented to Anja Leist, PhD
University of Luxembourg
Presented at the BSS Business Meeting
and Award Presentation
Friday, November 7, 11:30 a.m.

Richard M. Kalish Innovative
Publication Award (Paper)
Presented to Philipp Hessel, MA, MSc
London School of Economics and
Political Science
Presented at the BSS Business Meeting
and Award Presentation
Friday, November 7, 11:30 a.m.

Richard M. Kalish Innovative
Publication Award (Paper)
Presented to Mauricio Avendano, PhD
London School of Economics and
Political Science
Presented at the BSS Business Meeting
and Award Presentation
Friday, November 7, 11:30 a.m.

Distinguished Mentorship
in Gerontology Award
Presented to Laura L. Carstensen, PhD
Stanford University
Presented at the BSS Business Meeting
and Award Presentation
Friday, November 7, 11:30 a.m.

Richard M. Kalish Innovative
Publication Award (Paper)
Presented to Laura L. Carstensen, PhD
Stanford University
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GSA thanks the following award sponsors:

New York Community Trust (Pollack Award)
Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life (Lawton Award)
Margret M. & Paul B. Baltes Foundation (Baltes Award)
Baywood Publishing (Kalish Award)
American University (GSA Theoretical Developments in Social Gerontology Award)
National Center for Creative Aging (Gene D. Cohen Award)
Senior Service America, Inc. (Senior and Junior Scholar Awards)
Task Force on Minority Issues in Gerontology (Outstanding Mentorship Award)
RESQ CARE Interest Group (Douglas Holmes Award)
awardees and fellows

Biological Sciences

**Nathan Shock New Investigator Award**
Presented to and lecture by
Sean P. Curran, PhD
University of Southern California
Davis School of Gerontology
Presented at the BS Business Meeting
and Award Presentation
Friday, November 7, 11:30 a.m.

**Joseph T. Freeman Award**
Presented to Desmond “Des” O’Neill, MA, MD, FRCPI, AGSF, FRCP(Glasg), FRCP, FRCP(Edin)
Trinity College Dublin
Saturday, November 8, 5 p.m.

**Excellence in Rehabilitation of Aging Persons Award**
Presented to Carole Bernstein Lewis,
PT, PhD, FAPTA
Geriatric Rehabilitation Education and Training (GREAT) Seminars
Saturday, November 8, 5 p.m.

Additional Awards

**Task Force on Minority Issues in Gerontology Outstanding Mentorship Award**
Presented to Barbara Bowers RN, PhD, FAAN
University of Wisconsin-Madison
School of Nursing
Thursday, November 6, 5:30 p.m.

**Gene D. Cohen Research Award in Creativity and Aging**
Presented to Rita Charon, MD, PhD
Columbia University
College of Physicians and Surgeons
Thursday, November 6, 10 a.m.

Please check the final meeting program for all dates, times, and room location assignments for award events.

Additionally, the following will be given at the Annual Scientific Meeting:

**Society-Wide**
Theoretical Developments in Social Gerontology Award
Senior Service America Senior Scholar Award for Research Related to Disadvantaged Older Adults
Senior Service America Junior Scholar Award for Research Related to Disadvantaged Older Adults

**Biological Sciences Section**
Student Research Award: Dissertation Level
Student Research Award: Pre-Dissertation Level

**Behavioral & Social Sciences Section**
Austin Bloch Post-Doctoral Fellow Award
George Sacher Student Award

**Health Sciences Section**
Austin Bloch Post-Doctoral Fellow Award
Person-In-Training Award
Research Award

**Social Research, Policy, and Practice Section**
Carroll L. Estes Senior Scholar Award
Elaine M. Brody Junior Scholar Award
Student Poster Award

**Emerging Scholar and Professional Organization**
Interdisciplinary Paper Award
Poster Award
Douglas Holmes Award for Quality of Life/Quality of Care
Task Force on Minority Issues in Gerontology Student Poster Award
Distinguished Members Granted Fellow Status

GSA’s Executive Committee has approved the following individuals for fellow status within the Society. In addition to being honored at the Fellows and International Reception (Thursday, November 6, 6:30 p.m.) during the Annual Scientific Meeting, they will be presented with fellow certificates and pins at their respective section business meetings and award presentations. Fellow status is peer recognition for outstanding contributions to the field of gerontology and represents the highest class of membership. This distinction comes at varying points in a person’s career and is given for diverse activities that include research, teaching, administration, public service, practice, and notable participation in the Society.

**Biological Sciences Section**

- David B. Allison, PhD, The University of Alabama at Birmingham
- Rochelle Buffenstein, PhD, Barshop Institute for Longevity and Aging Studies, University of Texas Health Science Center at San Antonio
- Christy S. Carter, PhD, University of Florida
- Roger A. Fielding, PhD, Tufts University
- Michal M. Masternak, PhD, Burnett School of Biomedical Sciences, College of Medicine, University of Central Florida
- Felipe Sierra, PhD, National Institute on Aging, National Institutes of Health

**Behavioral and Social Sciences Section**

- Lise Abrams, PhD, University of Florida
- Kaarin J. Anstey, BA (Hons), PhD, The Australian National University
- Sherry A. Beaudreau, PhD, Palo Alto VA Health Care System and Stanford University School of Medicine
- Christopher James Burant, PhD, Frances Payne Bolton School of Nursing, Case Western Reserve University and The Cleveland Louis Stokes VA Medical Center – GRECC
- Alison L. Chasteen, PhD, University of Toronto
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If you are interested in learning more about GSA awards and fellowship, please visit www.geron.org/membership.
A new report, “Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers” — released jointly by AARP’s Public Policy Institute, The Commonwealth Fund, and The SCAN Foundation — shows some states significantly out-perform others in the delivery of long-term services and supports (LTSS) to older adults and people with disabilities. It shows that all states need to vastly improve in areas including home care, assisted living, nursing home care, and supports for family caregivers, and more efficiently spend the substantial funds they currently allocate to LTSS. This report examines four key dimensions of state LTSS system performance: affordability and access; choice of setting and provider; quality of life and quality of care; and support for family caregivers. It assesses each state’s performance as a whole and on 25 individual indicators, some of which were measured for the first time. The full report, along with an interactive map that displays state-by-state information, is available at longtermsscorecard.org.

Continued from page 1 – GSA Takes Major Role in IOM Caregiving Study

The new IO M report will be the latest in an influential series from the IO M Committee. The new report will build upon the expertise of the Change AGEnts experts in public sessions organized by the committee. (The network is led by GSA Fellows Alan Stevens, PhD, and Nancy Wilson, MA, LMSW.)

As the IOM study progresses, GSA will provide invited input from Change AGEnts experts in public sessions organized by the committee. After the study is completed, GSA will mobilize its own communication vehicles and resources — including the extensive expertise, influence, and experience of health care and social service professionals who are involved in the Change AGEnts Initiative — to disseminate the resulting IOM report recommendations and help to move them to implementation in communities across the country.

The new IOM report will be the latest in an influential series from the IO M. For example, “Retooling for an Aging America: Building the Healthcare Workforce,” released in 2008, continues to make an impact in steering public policy and improving the lives of older adults. Its recommendations in part led to the Affordable Care Act’s incorporation of numerous workforce-related provisions.

Currently, more than 35 million Americans are family caregivers for adults age 65 and older with chronic and acute illnesses — including functional, cognitive, and sensory impairments that limit their ability to care for themselves independently. The caregivers are usually relatives, but the term “family caregiver” also includes partners, close friends, and neighbors. In 2009, the estimated value of the care they provided for older adults was over $250 billion.

To officially release the IOM caregiving report, GSA will organize a capstone event in Washington, DC, that brings together representatives from the Hartford Change AGEnts Initiative, the Institute of Medicine, representatives from the John A. Hartford Foundation, and other key stakeholders.

In addition, a variety of other dissemination efforts will be conducted to promote visibility and implementation of the study’s recommendations. These include holding briefings on Capitol Hill and identifying legislators to champion the causes of family caregiving; publishing a special issue of GSA’s Public Policy & Aging Report; identifying foundations and other funders to support the implementation of the IOM reports’ recommendations; holding a webinar to further share the report with the media, particularly the participants in GSA’s Journalists in Aging Fellows Program; and disseminating the report’s recommendations through social media.
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British Columbia Receives Funds to Expand United Way Program

In British Columbia, an additional $2 million in funding has been announced for United Way’s Better at Home program, which provides non-medical supports to help seniors remain independent in their homes for as long as possible. To date, the Canadian government has provided $22 million in funding to enhance and support the operations of the Better at Home program, which now operates in 60 communities throughout British Columbia. Managed by United Way of the Lower Mainland, the Better at Home program services vary from community to community and are selected, along with service providers, through an engagement process that includes local seniors. Examples of Better at Home services include friendly visits, light yard work, minor home repair, grocery shopping, light housekeeping and transportation to appointments. Better at Home is a key component of British Columbia’s Seniors Action Plan, which commits to ensuring improved access to non-medical supports to help seniors stay in their own homes. To learn more about Better at Home programs and for a full listing of participating communities, visit www.betterathome.ca.

Japanese Underestimating Duration of Retirements

Manulife Asset Management recently issued a report that found that many married couples in Japan significantly underestimate the potential duration of their retirements and, as a result, are likely to not accumulate sufficient retirement savings. The report, entitled “Live Long and Prosper? Retirement and Longevity Risk,” is the fifth in Manulife Asset Management’s Aging Asia series. It provides retirement duration forecasts and assessments of longevity risk—the risk that a retiree will outlive his or her sources of income, for married couples in 10 Asian economies: China, Hong Kong, Indonesia, Japan, Malaysia, the Philippines, Singapore, Taiwan, Thailand, and Vietnam. Policymakers in Japan have already taken steps to reduce longevity risk for their citizens. The nation’s official retirement age was raised to 61 in 2013 and will increase incrementally going forward until it reaches 65 in 2025. However, the Aging Asia research series has shown that responsibility for retirement income security is increasingly shifting to individuals. Information about the Aging Asia research series can be found at agingasia.manulifeam.com.
Centers of Cancer Nanotechnology Excellence Seek Applications for Funding
The National Cancer Institute (NCI) is soliciting applications for Centers of Cancer Nanotechnology Excellence (CCNE) that will be a main part of the NCI Alliance for Nanotechnology in Cancer program (http://nano.cancer.gov). This opportunity is open to all qualified applicants regardless of whether or not they participated in the previous issuance of the program. CCNEs are designed to link physical scientists, engineers, and technologists working at the nanoscale with cancer biologists and oncologists specializing in the diagnosis, prevention, and/or treatment of cancer to enable development and translation of new cancer care applications based on nanotechnology. CCNE awards will support the development of techniques and tools that are applicable to early disease diagnosis using in vitro assays and devices or in vivo imaging techniques; multifunctional therapeutic solutions, including nanoparticle-driven immunotherapies; and techniques for cancer prevention and control. Multi-disciplinary research teams submitting applications should collectively have the breadth of expertise that would allow them to: identify an overarching problem in cancer biology and/or oncology that can be addressed with a multi-project approach leveraging nanotechnology, and demonstrate the translational potential of the technologies proposed in the above mentioned projects. The overall goal is a rapid advance of novel cancer care applications based on nanotechnology. The NCI will hold a pre-application informational webinar; the date, time, and other details will be posted at nano.cancer.gov. Letters of intent are due October 3. To review the full announcement, see 1.usa.gov/1pic6OA.

Human Connectome Project Affords Research Grant Opportunities
The National Institutes of Health is inviting applications to build on the data collected using the defined experimental protocols of the Human Connectome Project (HCP). The overall purpose of the HCP has been to develop and share knowledge about the structural and functional connectivity of the human brain. This purpose has been achieved through awards to two different multi-institutional research teams centered at Washington University and Massachusetts General Hospital. These teams have developed and optimized non-invasive imaging technologies to acquire structural and functional in vivo data about axonal projections and neural connections from brains of hundreds of healthy adults. Demographic data and data regarding sensory, motor, cognitive, emotional, and social function have also been collected for each subject. Subjects have also donated DNA samples for genotyping and that data will be available before the awards end in September 2015. The data and experimental protocols have been made available to the research community, and both are now being widely used. Both research groups are now undertaking pilot studies to explore the issues with extending the HCP to children and to older adults to represent the lifespan. The next application due date is November 14. The full announcement can be viewed at 1.usa.gov/1ul4cvM.

NIA Looks to Fund R01 Research on Aging and Neuromuscular Junctions
The National Institute on Aging (NIA) has issued a grant announcement to encourage cross-disciplinary research to investigate the mechanisms underlying age-related declines in neuromuscular junctions (NMJs) as a functional unit of nerve and muscle, and explore potential avenues for maintaining the NMJs during aging or reversing the age-dependent loss in function of the NMJs using model organisms. For this opportunity, applications are solicited to support research on the neuromuscular junction as a functional unit of nerve and muscle and, in particular, in the context of age-related changes. Applications proposing to study NMJs in the absence of an aging component will not proceed to review. Applications focused on amyotrophic lateral sclerosis or other motor neuron diseases will only be considered responsive if the focus is on cross-talk between nerve and muscle at peripheral neuromuscular junctions. Investigators are strongly encouraged to use animal models (vertebrate or invertebrates) of appropriate ages for the proposed studies. If appropriate, applicants are encouraged to take advantage of the NIA aged rodent colonies. Letters of intent are due by December 29 and applications are due by January 29, 2015. Further information can be viewed at 1.usa.gov/1lIdDS0.
Colorado Springs Aging Center Receives Grants for Aging Programs

The University of Colorado Colorado Springs Aging Center recently received three grant awards, totaling more than $500,000, from the Colorado Health Foundation, Caring for Colorado Foundation, and the Pikes Peak Area Council of Governments’ Area Agency on Aging. A two-year $372,708 Colorado Health Foundation grant and a $75,000 Caring for Colorado grant will support the center’s integrated care programs for seniors and caregivers. The aging center offers behavioral health services integrated within medical settings at Peak Vista Community Health Centers’ Senior Health Centers and Rocky Mountain’s Program of All-Inclusive Care for the Elderly. The goal of these collaborations is to improve the quality of care and quality of life for older adults through coordinated mental health, medical and social services. A $86,031 grant from the Pikes Peak Area Agency on Aging will help fund the Aging Center’s Aging Family and Caregiver Services Program. The program provides counseling for distressed caregiver families, referrals for supportive community services, outreach through educational seminars and community presentations and Coping with Caregiver classes. For more information, visit www.uccs.edu.

Daemen Grant Will Improve Access to Qualified Primary Care Practitioners

U.S. Representative Congressman Brian Higgins (D-NY) has announced a federal grant totaling $340,800 for the Daemen College Advanced Education Nursing Traineeship Program. The funding, provided through the U.S. Department of Health and Human Services, will help train, educate, and employ new primary care providers. Through the grant 45 students will receive training and graduate with an adult-gerontology primary care practitioner Master of Science degree. The program aims to include veterans and pledges a minimum of 60 percent participation from students with minority or disadvantaged backgrounds, toward the goal of increasing diversity in health professions. This grant will help provide clinical placement for Daemen College students in rural areas of need or federally designated Medically Underserved Areas or Health Professional Shortage Areas. According to the Department of Health and Human Services Health Resources and Services Administration, a growing older population will contribute to a projected shortage of over 20,000 primary care providers by the year 2020. The Daemen program also aligns with the nation’s Healthy People 2020 agenda, aimed at promoting disease prevention and healthy living, by increasing the number of available primary care providers.

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