Morrow-Howell Shares Vision for Presidential Term

By Nancy Morrow-Howell, MSW, PhD

Over the last year, as president-elect, I have had the opportunity to be closely involved in planning the very successful 2015 meeting in Orlando as well as take part in discussions about the current and future activities of GSA.

As I begin my year as president, there are many important initiatives underway to move GSA forward. Over the next year, we will prepare for an outstanding 2016 conference in New Orleans as well as an extraordinary World Congress seven months later in San Francisco (The 21st International Association of Gerontology and Geriatrics’ World Congress on Gerontology and Geriatrics, which GSA will host from July 23 to 27, 2017).

We will be on a different schedule than we are used to; but it will be worth it — for our organization and for gerontologists across the world. GSA staff will keep us all on track as we navigate this exciting time. Over the next year, we also will examine the current organizational structure of GSA to determine its effectiveness in promoting interdisciplinary scholarship, in serving international members, and responding to the needs of our growing number of interest groups. Of course, we will keep focus on growing the membership and on supporting students — to ensure a sustainable and promising future.

One of the best parts of being president of GSA is selecting the theme for the Annual

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GSA Intensifies Commitment to Boosting Immunization Rates

This fall, GSA further emphasized the value of immunizations for older adults through several interdisciplinary activities developed by the Society’s National Adult Vaccination Program (NAVP). These included the launch of an e-newsletter and two major events: an Immunization Champions, Advocates, and Mentors Program (ICAMP) Academy designed to equip health care professionals to champion adult immunization practices in their health systems, and a summit to advance the new draft National Adult Immunization Plan from U.S. Department of Health and Human Services (HHS).

GSA President-Elect Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, participated in the two events and sits on the workgroup that provides strategic recommendations and direction for the NAVP.

“GSA has taken a lead role in helping us meet the HHS’ Healthy People 2020 goals for immunizations in this country,” she said. “Having identified the challenges and solutions early on in this work, GSA, with the help of national experts, has established an innovative dissemination approach that incorporates publications, presentations, and training programs across the country.”

The inaugural offering of the ICAMP Academy took place in the Chicago area in October. This first academy welcomed more than 50 immunization champions from a variety of healthcare settings representing many disciplines. GSA will conduct four ICAMP academies in 2016 — in Los Angeles, Atlanta, Washington, DC, and Phoenix.

“GSA’s ICAMP Academy engages organizations that are committed to improving health and wellness through vaccines in a training program, followed by a practice-based research effort, to identify practice improvements,” said GSA Executive Director and CEO James Appleby, BSPharm, MPH. “This multidisciplinary program is aligned with the National Vaccine Advisory Committee Standards for Adult Immunization

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From the Executive Director

Aging Made Waves in 2015, Accentuating Members’ Work

By James Appleby, BSPharm, MPH • jappleby@geron.org

It seems like news about aging was in the headlines quite a lot over the last 12 months, wasn’t it? As we find ourselves in the middle of the holiday season, that’s one of the things I’m most thankful for this year. And when I realize how many GSA members played direct and indirect roles in making this news, that sense of gratitude grows.

One of the biggest ticket items in our field in 2015 was the White House Conference on Aging (WHCoA). There, President Barack Obama reminded us that because aging is one of the (sadly too few) common and everyone can unite around. Therefore those who dedicate themselves to improving the lives of people as they age are a very special breed. This also demonstrates clearly why the work of GSA members is so vitally important.

Moving forward, GSA is going to make sure that its members’ research continues to be visible on a global stage — through the International Association of Gerontology and Geriatrics’ 2017 World Congress. GSA will be hosting this event in July that year and we’re now just a few months away from the opening of the abstract submission period.


World Congress of Gerontology and Geriatrics
July 23 to 27, 2017
www.iagg2017.org

Next date to remember: April 1, 2016
Abstract submission period opens

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In Memoriam

Jeffrey Ben-Zvi, MD, has passed away at the age of 54. He specialized in gastroenterology and was recognized as an expert in his field. He worked at St. Luke’s-Roosevelt and Beth Israel Medical Centers, and lived in Flatbush, NY. He was also an assistant professor of clinic medicine at Columbia University. Ben-Zvi was a member of GSA since 2011.

New Books by Members

• “Understanding Aging and Diversity: Theories and Concepts,” by GSA Fellow Patricia Kolb, PhD. Published by Routledge, 2014.
• “Countryside Connections: Older People, Community and Place in Rural Britain,” edited by GSA Fellow Catherine Hagan Hennessy, BA, DrPH, MA, MPH, Robin Means, and Vanessa Burholt. Published by UK: Policy Press University of Bristol c/o The University of Chicago Press, 2014.

Members in the News

• On October 27, GSA Fellow Deborah Carr, PhD, was interviewed for a Glamour Magazine article on her latest research on emotional patterns and gender differences in marriage. The article was titled “Gratitude Is the Key to a Happy Relationship, Says New Study.”
• GSA Member Rafael Romo, PhD, was featured in a Reuters article on October 20. The piece, titled “Almost Half of Elderly Patients Miscalculate Life Expectancy,” discussed poor lifestyle choices made based on incorrect assumptions of years to live.
• The Wall Street Journal interviewed GSA Fellow Becca Levy, PhD, for an article published on October 19. The piece, titled “To Age Well, Change How You Feel about Aging,” looked at how negative stereotypes around aging can affect health.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Jennifer Yentes, PhD

The recipient, who became eligible after referring new member Sara Myers, PhD, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSAs’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Rob Schreiber, MD

Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

Silverstone, Kaplan Lead New Social Work Project

The John A. Hartford Foundation has awarded $1 million to a new gerontological social work training program called Supervisory Leaders in Aging. The program will provide a 10-module training, addressing both gerontological social work and supervisory and leadership skills, to 160 master’s-level social workers (MSWs) who supervise staff serving older adults. The National Association of Social Workers then plans to expand the program nationally, based on the lessons learned with these first four chapters in New York City, Maryland, Illinois, and Florida. Former GSA President Barbara Silverstone, DSW, PhD, developed and pilot tested the model in New York City. Silverstone is serving as the director of the National Coordinating Center for the initiative. Co-directing the initiative is Daniel B. Kaplan, PhD.

Rosenberg Earns Best Paper Distinction

Ed Rosenberg, PhD, recently co-authored a paper that received the Best Research Paper Award at the annual Political Science, Sociology, and International Relations Conference held in Bangkok. He is currently a professor and the director of gerontology studies at Appalachian State University, and is a visiting professor conducting research at Burapha University and Kasetsart University in Thailand. The paper, titled “Global Aging and Eldercare: The Internationalization of ‘Powerful Tools for Caregivers,’” reported on a self-care education program that provides family caregivers tools and strategies to better handle the caregiver challenges they face. Rosenberg’s paper demonstrated the program is culturally adaptable and enhances the quality of caregiving in Thailand. He and his coauthors found that the program significantly reduced caregiver stress and improved well-being for trained care givers in comparison to a control group.

Fingerman Secures Grant for Social Interaction Research

The University of Texas at Austin will receive a $2.4 million grant over the next five years from the National Institute on Aging to study how social interactions improve the health of older adults. Participants will use wearable electronic devices and cell phone apps to monitor their physical activity and social interactions in real-time for several days. GSA Fellow Karen Fingerman, PhD, will lead the study as a professor in the Department of Human Development and Family Sciences and the Department of Psychology. This research will provide important insights for doctors, caregivers, and families to best facilitate positive health-related behaviors in the daily lives of older adults.

GSAConnect 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:

• Kristen Porter, PhD: “Particularly excited to see Karen Fredriksen-Goldsen on the list given her cutting edge work in LGBT aging which has been an inspiration for my own study and research.”
• Diane Smith, MSN, RN: “I believe the need to consider individuals’ cognitive and health challenges when making policy decisions is a priority that must be addressed for those facing cognitive challenges.”
Speaker-to-Speaker Coverage

Through the muddle of day-to-day bickering and posturing of inside-the-beltway politics, there emerge a few noteworthy moments that allow observers and participants alike an opportunity to look back, look forward, and take stock. We just witnessed one such moment. During the last week of October, House and Senate congressional leaders and the White House negotiated a two-year budget deal to extend the federal debt limit, delay funding cuts known as sequestration, and provide a fiscal framework as the 2016 election season moves into high gear and a new House speaker begins his tenure.

The budget compromise, or the Bipartisan Budget Act of 2015 (H.R. 1314), was approved by the House on October 28, passed by the Senate October 30, and signed by President Barack Obama November 2 (Public Law 114-74).

Republicans hope the agreement and a new speaker will help usher in a period of calm and cohesion within their party, providing the opportunity to heal divisions put on display in September when the reigning House Speaker John Boehner (R-OH) announced his intention to relinquish his gavel and retire from Congress. In the weeks that followed, Boehner’s presumptive replacement, Majority Leader Kevin McCarthy (R-CA), withdrew his bid for House speaker after opposition to his leadership emerged in the caucus. Ultimately, Representative Paul Ryan (R-WI) was elected by his colleagues to take on the post (with the warning that he wants to be able to spend time with his family), with support from most hard line conservatives of the House Freedom Caucus, as well as more moderate members of the party.

As Ryan assumes leadership, the new budget compromise frees him from debt limit negotiations in the near term, allowing him to focus instead on defining and moving a policy agenda. For potential Republican presidential nominees, the budget deal also provides some breathing room. Though they will have to answer questions about federal spending and the deficit on the campaign trail, the deal takes much of the potential for government shutdown off the table until after the election. However, the potential for appropriators to fail in their efforts to put together passable funding levels and avoid poison-pill policy riders keeps pundits employed.

The Balanced Budget Act of 2015

Crafting the compromise with Senate leaders and the White House was Speaker Boehner’s final big accomplishment before his retirement on October 31. The agreement satisfies significant constituencies on both the right and the left by enacting some long-term changes to mandatory programs; offsetting new spending with corresponding cuts; and lifting sequestration spending caps — splitting the newly available dollars evenly between defense and non-defense programs.

Importantly, overall, the law raises the nation’s debt limit until March 2017 — after the 2016 congressional and presidential elections, inauguration of a new president, and the start of a new Congress. The federal debt limit, which must be raised by Congress, authorizes payment of expenses already incurred; it does not generate any new spending. Nevertheless, congressional authorization for the raise has become politically contentious of late, causing repeated crises and threats of economic catastrophe if the nation were to default on its obligations.

The law enacts compromise budget limits for federal government appropriations through September 30, 2017. Federal government programs are currently funded through a continuing resolution, which expires on December 11. Legislation authorizing appropriations for FY ’16 and FY ’17, within the guidelines set by the budget deal, must still be enacted, and as I stated, that may still be a challenge.

Sequestration

The law delays draconian caps, aka sequestration, on funding for discretionary programs enacted in 2011. The 2011 bill, the Budget Control Act (BCA), incorporated the caps as an enticement intended to spur legislators to negotiate alternative deficit reduction mechanisms to replace the damaging cuts. Unfortunately, those negotiations failed, and the caps went into effect. Under this new deal, the caps will be raised by $50 billion in fiscal 2016 and $30 billion in 2017; however, the 10-year savings targets established in the BCA will remain intact, setting up another round of sequestration battles for the new Congress and new administration in 2017. Discretionary programs subject to the 2011 caps, as well as the current funding increase compromise, include the National Institutes of Health, Older Americans Act programs, and health professions programs (e.g., Geriatrics Workforce Enhancement Programs) under the Health Resources and Services Administration, as well as defense programs. The increases indicated above will be split evenly between defense and non-defense discretionary programs. In addition, the law provides $32 billion more for 2016 and 2017 for defense and non-defense funding through the Overseas Contingency Operations fund.

To partially offset the $80 billion in spending authorized by the bill, the BCA provisions requiring a two percent reduction in Medicare provider payments through 2024 will be extended for one additional year through the 2025 calendar year. It is estimated that this extension will save $11 billion.

Social Security Disability Insurance

Social Security provides benefits using revenues collected from worker payroll taxes. Revenues go into the Old-Age and Survivors Insurance Trust Fund and the federal Disability Insurance (DI) Trust Fund. The DI Trust Fund was projected to be depleted in 2016, which would necessitate a 20 percent across-the-board benefit cut. Advocates for beneficiaries had hoped that Congress would take action to extend the solvency of the DI Trust Fund through 2034. The budget deal falls short of that; however, it extends DI Trust Fund solvency through 2022 by
temporarily (in 2016-18) reallocating an additional 0.57 percentage points of the overall Social Security payroll tax rate to the DI Trust Fund. It does not make benefit cuts nor make eligibility restrictions. The bill modifies the disability determination process in 20 states in which, for the last 16 years, determinations have been made without participation by a medical expert. Under the new law, these 20 states will use the determination process used in all other states.

Medicare

The budget law will lessen steep Part B premium increases which would otherwise have taken effect for 30 percent of Medicare beneficiaries in 2016. Existing statute protects most (70 percent) Medicare beneficiaries from having to pay any increase in premiums in years with no Social Security cost-of-living-adjustment (COLA), but requires that the Medicare trust fund collect the same amount of projected revenue. Due to negligible inflation, a Social Security COLA was not approved for 2016. To make up for the lower revenue due to the freeze in premiums, past law would have required a 52 percent premium increase for 30 percent of Medicare beneficiaries, and a 52 percent deductible increase for all beneficiaries. The budget agreement will limit the premium increase to 15 percent (e.g., the standard monthly premium will increase from $104.90 to $120, rather than $159), and limit the deductible increase from $145 to $167, rather than $223. These provisions will be paid for by a temporary general revenue fund loan, which will be paid back by beneficiaries via a $3 per month surcharge over five years. The surcharge for high-income beneficiaries will be increased on a sliding scale.

Pay-fors

As required under current House procedures, the budget deal’s $80 billion in new spending is offset by various “pay-fors,” such as the extension of Medicare payment reduction. Other “pay-fors” are selling oil from the Strategic Petroleum Reserve and auction of federal licenses for broadcast spectrum. The bill also includes tax compliance provisions, which are estimated to improve federal tax revenue by $11 billion. Another offset included in the budget agreement repeals a not-yet-implemented part of the Affordable Care Act, which requires large employers to automatically enroll employees in employer-sponsored health care plans, with employees able to opt-out. Although this change is projected to save the federal government almost $8 billion, it is also projected that the number of uninsured will be 675,000 higher as a result.

Social Security Savings

The budget law changed Social Security filing strategies that couples use to increase their retirement benefits. The change will go into effect in six months and will affect only future retirees. Under current law, once you reach the full retirement age of 66, you can restrict your claim to spousal benefits and collect half of your mate’s full retirement age benefit while allowing your own retirement benefit to continue to grow by eight percent per year up to age 70 and then switch to your own benefit. The new rules eliminate that option.

The Way Forward

Looking forward, GSA members should keep in mind that the federal deficit has already been reduced by nearly $5 trillion in recent years. The reduction has been achieved more through funding cuts than revenue increases, with discretionary programs for older adults and low-income people being hit particularly hard. Even with the modifications made by the budget deal, funding for these programs in 2016 will be 12 percent below 2010 levels. According to the Center for Budget and Policy Priorities, in 2017, funding for these programs will be at its lowest level on record as a share of the economy.

Ryan’s ascension to House speaker ushers in a new era in which he is likely to use the power of his position to advance some of the policy goals he outlined in his 2014 book, “The Way Forward: Renewing the American Idea,” and in the 2012 budget proposal “Path to Prosperity.” Recent House speakers have not been such policy wonks.

Ryan proposals affecting older adults include:
• Modifying the Medicaid program so that the federal payments to states would be made by way of block grants (lump sums), rather than a federal match for dollars spent by states. Although the block grants would be indexed for inflation and population growth, it is estimated that federal Medicaid spending would decline by $800 billion over a 10-year period if Ryan’s plan were implemented.
• Ryan also supports repealing many provisions of the Affordable Care Act, including the expansion of Medicaid. A 2012 Congressional Budget Office estimate projected that repeal of the ACA Medicaid expansion would affect approximately 11 million people.
• Ryan proposes converting Medicare to a voucher system in which beneficiaries would receive a voucher toward the cost of purchasing private health insurance.
• For non-defense discretionary programs (such as Older Americans Act and Health Resources and Services Administration programs), in 2013 Ryan proposed capping federal expenditures at $1.029 trillion.
• With regard to Social Security, in 2010, Ryan proposed establishing voluntary individual accounts that would allow workers under age 55 to divert a portion of their payroll taxes into a personal savings account.

So the nation’s capital has been a more exciting venue of late for an advocate who is often frustrated by gridlock. Yes, be careful what you wish for — with an incoming speaker who has staked out policies that question the very foundations of programs that protect and serve older adults. Yes, we live in interesting times — and yes, the clichés grow like weeds here.
each of us, every day, can raise awareness about ageism, by conducting research to develop ways to confront it. He also points out that we need to conduct more research on ageism, especially intervention research to promote healthy aging and age-inclusive communities?


The words of Robert Butler from 1980, who introduced the term “ageism” in the late 1960’s, still ring true today. He talked of prejudicial attitudes, discriminatory practices, and institutional policies that perpetuate stereotypic beliefs about older adults, reduce opportunities, and undermine personal dignity.

He talked of “benign ageism,” where well intentioned people, including ourselves, operate from ageist assumptions that are engrained in our culture. As Butler stated, “In the absence of countering or corrective efforts such stereotyping is allowed to pass for fact.”

I urge all of us all to make “counteracting efforts,” to directly consider issues of ageism in our research, in our teaching, in our community engagement, and in our personal lives. How can our work contribute to changing ageist attitudes that undermine our efforts to promote healthy aging and age-inclusive communities?

In a 2015 editorial published in The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, Palmore urges us to conduct more research on ageism, especially intervention research to develop ways to confront it. He also points out that each of us, every day, can raise awareness about ageism, by checking ourselves, colleagues, friends and family and pointing out ageism in our assumptions and behaviors.

I hope the theme “New Lens on Aging” resonates with you! Abstracts will be due March 15 and I hope you will get yours submitted. New Orleans has been the site of several successful annual meetings, and it will provide us an interesting setting again. With music, food, and sightseeing, we will have a good time while we learn much from each other. The 2016 Program Committee is already off to a strong start. I offer my thanks to program co-chairs Lydia Li and Tara Gruenewald. And I finally I would like to acknowledge the outstanding staff at GSA, who make all of this happen.

Nancy Morrow-Howell, MSW, PhD, is the Bettie Bofinger Brown Distinguished Professor of Social Policy and director of the Harvey A. Friedman Center for Aging at Washington University in St. Louis.

Louisiana School’s Grant Enables Foster Grandparent Program

Thanks to a $690,000 grant, the University of Louisiana at Monroe’s (ULM) Gerontology program has partnered with the DeSoto Parish Police Jury, Intermediate School District, and Department of Community Services to begin a Foster Grandparent Program in DeSoto Parish. The program, which began in 1965, is a federally funded program coordinated by the Corporation for National & Community Services. The program allows for adults 55 years and older with fixed incomes to become foster grandparents. Foster grandparents are paired with one or two children. The foster grandparents read to the children, assist the teachers with classwork, and are viewed as surrogate grandparents to many of the children. According to the Corporation for National & Community Services, 27,900 foster grandparents volunteer 24 million hours annually to mentor 232,300 children, equating to millions of dollars in free community services.

Windesheim Earns Program of Merit Status

The Applied Gerontology Degree Program at Windesheim University of Applied Sciences in The Netherlands is the first outside the U.S. to receive AGHE’s Program of Merit (POM) status. Windesheim’s program has met, and in some areas exceeded, the POM standards for a Bachelor of Science degree program. Program Director Jan S. Jukema said, “This means recognition of our applied gerontology program as an example to other gerontology programs. We’re very proud to have achieved this status in a relatively short period of time. We can look to the future with confidence, since we’ve built a solid foundation that enables us to continue building.” AGHE’s POM is a voluntary program of review available to any program in aging at the master’s, bachelor’s, or associate’s level. The designation provides gerontology programs with an AGHE “stamp of approval,” which can be used to verify program quality to administrators, to lobby for additional resources to maintain a quality program, to market the program, and to recruit prospective students into the program.

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Scientific Meeting. In doing this, I get to promote a topic or idea that is personally important to me; one that I believe deserves thought from GSA membership.

Next year’s theme will be “New Lens on Aging: Changing Attitudes, Expanding Possibilities.” This theme reflects my scholarly interest on productive engagement in later life, as well as my on-going concern about ageism and outdated institutions and policies that limit the potential of later life.


The words of Robert Butler from 1980, who introduced the term “ageism” in the late 1960’s, still ring true today. He talked of prejudicial attitudes, discriminatory practices, and institutional policies that perpetuate stereotypic beliefs about older adults, reduce opportunities, and undermine personal dignity.

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I urge all of us all to make “counteracting efforts,” to directly consider issues of ageism in our research, in our teaching, in our community engagement, and in our personal lives. How can our work contribute to changing ageist attitudes that undermine our efforts to promote healthy aging and age-inclusive communities?

In a 2015 editorial published in The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, Palmore urges us to conduct more research on ageism, especially intervention research to develop ways to confront it. He also points out that each of us, every day, can raise awareness about ageism, by checking ourselves, colleagues, friends and family and pointing out ageism in our assumptions and behaviors.

The meeting theme will be reflected in our keynote presentation and in a special session on the progress of the Leaders of Aging Organizations (LAO) — a partnership that GSA formed with seven other aging-focused organizations to create a more accurate and more positive public understanding of older adults and later life.

The LAO’s preliminary work documented pessimistic public views on aging, and current efforts are focused on developing a new, evidence-based narrative around the process of aging in the U.S. and the roles and contributions of older adults. (Reports on this research, which was conducted by the FrameWorks Institute, can be found at www.frameworksinstitute.org/aging.html.) The goal is to change assumptions, mental images, and filters so we can change the discourse on aging, change the thinking and planning on later life, and thus change our policies and organizations to better support the potential of longer lives.

I hope the theme “New Lens on Aging” resonates with you! Abstracts will be due March 15 and I hope you will get yours submitted. New Orleans has been the site of several successful annual meetings, and it will provide us an interesting setting again. With music, food, and sightseeing, we will have a good time while we learn much from each other. The 2016 Program Committee is already off to a strong start. I offer my thanks to program co-chairs Lydia Li and Tara Gruenewald. And I finally I would like to acknowledge the outstanding staff at GSA, who make all of this happen.

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Need Help Choosing a Section? Here’s What to Consider

By Tracy Davis, PhD, MA, and Glenna S. Brewster, MS, RN, FNP-BC

When someone joins GSA, he or she is asked to choose a section. Member sections are organized to represent the major scientific and professional interests that lie within the Society. Often, a member will choose a section based on his or her current career; however, that section may not be the one that most aligns with his or her personal interests.

This column provides a summary of each of GSA’s four sections so that members can understand what each section offers and the benefits of affiliating with a chosen section. All sections also offer the opportunity to become more involved with GSA through elected offices or committee work. If a member chooses not to identify with one of the four designated sections, he or she may choose to identify as a member at-large. Members are also able to change their section affiliation.

Behavioral and Social Sciences (BSS) Section
The BSS Section offers numerous networking opportunities and exposure to cutting-edge research. Members of the BSS Section include behavioral and social science researchers, educators, policy makers, and practitioners. Members come from many disciplines; these include economists, epidemiologists, political scientists, psychologists, sociologists, anthropologists, and social workers. Yearly, there are opportunities for mentorship and research consultancy sessions at the Annual Scientific Meeting, where ESPO members can meet one-on-one with experienced researchers. The BSS Section presents two awards for student papers each year: one at the pre-dissertation level and one at the dissertation level. Additionally, ESPO members within the BSS Section are eligible for a chance to win a BSS Travel Award in the amount of $200.

Biological Sciences (BS) Section
Members in the BS Section conduct research at the molecular, cellular, and organism level. They have interests in the biological processes that cause aging and seek to understand disease conditions that are associated with or accompany the aging process. Members in the BS section range from individuals who are interested in molecular alterations in the aging process to those who are interested in what factors contribute to longevity differences among the species. ESPO members can also be a part of the BS Executive Committee. At the Annual Scientific Meeting, the BS Section awards the outstanding achievement of a young investigator for an innovative and influential publication.

Health Sciences (HS) Section
Members who choose to join the HS Section will have the opportunity to advance the study of aging while focusing on the advancement of methods of diagnosis and treatment of persons suffering from illness or disability resulting from, related to, or accompanying the aging process. HS Section members are multidisciplinary and include physicians, dentists, nurses, pharmacists, nutritionists, and other allied health professionals. Each year awards are given to students, post-doctoral fellows, and junior faculty for the work that they have done in the field of aging. Additionally, ESPO members within the HS Section are eligible for a chance to win a HS Travel Award in the amount of $200.

Social Research, Policy, and Practice (SRPP) Section
Members of the SRPP section work in areas relevant to social, economic, health and long term care policies, and other programs that have an effect on the lives of older adults. SRPP members have backgrounds in social work, social policy, nursing, economics, political science, medicine, planning, pastoral counselling, and business. They want to improve the overall quality of life for older adults and their family by looking at services such as community based and residential long term care, assisted living, caregiving, and nutrition among other services and translate research results into policy and practice. SRPP sponsors many mentoring opportunities for ESPO members. Additionally, ESPO members within the SRPP Section are eligible for a chance to win a Travel Award in the amount of $250.
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Practice and assists provider champions in integrating proven, reputable tools, and resources to support efforts to immunize their patients.”

The ICAMP Academy also assists provider champions in the implementation of refinements to practice workflow, systems, and patient engagement to increase vaccinations recommended by the U.S. Centers for Disease Control and Prevention and Prevention Advisory Committee on Immunization Practices to gain health benefits from immunization. ICAMP participants will be supported through their challenges and successes using a mentor program.

ICAMP, which began in 2014 through the support of Pfizer, is designed to implement collaboratively selected, strategic efforts to reach Healthy People 2020 goals for adult immunizations and vaccine-preventable diseases identified at a 2013 NAVP Summit.

“Like many of the critically important health behaviors adults need to engage in, immunizations don’t always happen,” Resnick said. “The champions in programs such as the ICAMP Academy learn exciting new approaches and ways in which to build appropriate teams and motivate the staff and patients they work with to assure that all adults receive the immunizations needed to optimize their health and the health of those around them.”

GSA’s National Summit on Advancing the Draft National Adult Immunization Plan, held in Washington, DC, in October, specifically focused on influenza. There, Appleby gave a call to action, saying all professionals interacting with older adults should be advocates for them to get flu shots.

“While we commonly think of physicians, nurses, and pharmacists discussing the value of an annual flu vaccine with older adults, many other trusted professionals including social workers, physical therapists, occupational therapists, and others interact with older adults daily. They have a role in helping to promote this lifesaving intervention,” Appleby said.

The summit, convened by the NAVP with the support of Sanofi Pasteur, was developed to further the goals and objectives of HHS’ draft National Adult Immunization Plan.

“The U.S. Centers for Disease Control and Prevention tells us that about 90 percent of those who die from influenza-related causes are 65 years and older,” Appleby said. “Professionals across all disciplines and in all settings can help curb vaccine-preventable illnesses simply by asking an older adult, ‘Have you gotten your flu shot?’”

Appleby stressed that this six-word question can be a call to action for older adults and their caregivers — and can also lead to a discussion between older adults and their health care providers regarding other appropriate vaccines to protect them from pneumococcal pneumonia, shingles, and other diseases.

The October summit brought together a broad group of more than 30 stakeholders interested in adult immunization to explore how each group can play a role in supporting implementation of the National Adult Immunization Plan being developed by HHS’ National Vaccine Program Office in conjunction with leading experts in the field. The keynote speech was delivered by Bruce G. Gellin, MD, MPH, the deputy assistant secretary for health and director of the National Vaccine Program Office.

The recommendations of the summit will be released by the end of the year on GSA’s website.

To learn more about the NAVP, ICAMP, future ICAMP offerings, and efforts to improve adult immunization rates and reduce the burden of vaccine-preventable diseases and disability in the U.S., visit the NAVP website at www.navp.org.

The first issue of the NAVP e-newsletter, which will be produced on a monthly basis, was sent to members in November. GSA member R. Gordon Douglas, MD, who serves as chair of the NAVP workgroup, is the newsletter’s editor-in-chief.
During 2013 and 2014, a Bylaws Workgroup — consisting of a cross-section of GSA members — prepared a number of revisions to the Society’s governing bylaws. These amendments were approved by GSA's Executive Committee and put to the full GSA membership for a vote in 2014. A majority of members voted to adopt the revised bylaws, and they became effective at GSA's Annual Scientific Meeting in November 2014.

The Bylaws Workgroup then proceeded to prepare revisions for the bylaws of each section — Behavioral and Social Sciences (BSS), Biological Sciences (BS), Health Sciences (HS), and Social Research, Policy, and Practice (SRPP) — and the Emerging Scholar and Professional Organization (ESPO). The amendments were reviewed and approved by their respective Executive Committees in November 2014, and a majority of members from each corresponding section and ESPO voted to adopt the revised bylaws this October. These amendments became effective at the November 2015 GSA Annual Scientific Meeting.

Read the full version of the newly adopted bylaws online at www.geron.org/about-us/governance/bylaws. In addition to simplified language and adherence to the new GSA Bylaws format, any significant changes are summarized below.

### Article I. Name, Purpose

**HS:** The purpose has been updated and expanded to include health, informal caregivers, and community.

### Article II. Membership

**BSS, BS, SRPP:** Section membership is contingent on membership “in good standing” within GSA. The six classes of membership are the same as those listed in the GSA Bylaws. Minimum requirements for fellow status are the same as those listed in the GSA Bylaws, although additional standards for the Section may be specified.

**ESPO:** ESPO membership is contingent on membership “in good standing” within GSA.

### Article III. Officers

**SRPP:** The Nominating Committee can add members-at-large to the slate of officers upon approval of the section Executive Committee.

**HS:** The revision addresses vacancies for filling the position of the chair-elect position if the person voted in cannot fulfill the term of office. The HS Section Executive Committee shall appoint a successor by majority vote.

**BSS, BS:** The office of secretary-treasurer is proposed as simply “secretary.” The section does not have a budget per se, and thus there are no treasurer duties.

**ESPO:** The revision clarifies responsibilities for the communications chair and past communications chair, and Nominating Committee chair and chair-elect.

### Article IV. Executive Committee

**BSS, BS, SRPP:** At least one regular meeting is proposed per year. Section 4.b clarifies how the chairs of section committees and the section representatives to GSA committees report to the Executive Committee and participate in its meeting.

**ESPO:** The revision specifies the membership of this committee.

### Article V. Executive Committees

**BSS, BS, SRPP:** Terms of service on section committees (beginning and ending dates) now follow GSA Bylaws. Membership and Fellowship Committees: New language specifies how some members of these section committees will likewise serve on the GSA Membership and Fellowship Committees.

**ESPO:** A new article has been created to establish that ESPO has committees and how they are formed.

### Article VI. Nominations and Elections

**BSS, BS, SRPP:** Determining the eligibility and willingness of nominees are duties now specified for the Nominating Committee at Section V.3.c. Elections may be conducted by electronic media ballot.

**ESPO:** The revision distinguishes between nominations for elected officers and nominations for appointed positions. For elected officers, the Nominating Committee is required to propose at least one candidate for office. The procedures for elections are the same as those followed by GSA elections and Section elections. For appointed positions, the recommendations of the ESPO Nominating committee are subject to approval by the chair of the GSA or section committee to which ESPO members are being appointed. Simplified language describes the duties of ESPO representatives to GSA and Section committees.

### Article VII. Meetings

**BSS, BS, SRPP:** The annual business meeting wording is simplified and reflects current practice. The quorum for any section meeting is specified.

**ESPO:** The option for special meetings of ESPO has been added. The quorum for any ESPO meeting is specified.

### Article VIII. Amendments

**BSS, BS, SRPP, ESPO:** The language is now consistent with procedures specified in the GSA Bylaws.

### Article IX. Rules of Procedure

**BSS, BS:** This former article has been deleted, being redundant to Article XI of the GSA Bylaws.
---Institutes Will Support Clinical Trials Related to Cognitive Decline

The National Institute on Aging and National Institute of Nursing Research have issued a funding opportunity announcement for applications that propose to develop and implement Phase I or II clinical trials of promising pharmacological and non-pharmacological interventions in individuals with age-related cognitive decline and in individuals with Alzheimer’s disease (AD) across the spectrum from pre-symptomatic to more severe stages of disease, as well as to stimulate studies to enhance trial design and methods. Examples of interventions for evaluation include but are not limited to pharmacological interventions that target eradication or progression of deposition of disease neuropathology; repurposed drugs that have promise for AD treatment such as chemotherapeutic agents or drugs for insulin dysregulation/diabetes; novel cognitive training or cognitive engagement approaches; aerobic exercise and/or other movement therapies, such as Tai Chi; sleep enhancement; mindfulness-based stress reduction; nutritional supplementation or adoption of specific dietary programs; and/or combinations of interventions including the mixture of pharmacological with non-pharmacological therapeutics. Applications should be submitted by February 5, 2016. Review details of this funding opportunity at 1.usa.gov/1P6teZi.

NIA Slates Funding for Phase III Clinical Alzheimer’s Trials

The National Institute on Aging (NIA) is encouraging grant applications that propose to develop and implement Phase III clinical trials of promising pharmacological and non-pharmacological interventions — using a combination of biomarkers (fluid and imaging), cognitive, and functional measures as outcomes — in individuals with age-related cognitive decline and across the Alzheimer’s disease (AD) spectrum from pre-symptomatic to more severe stages of disease. Applications are due February 5, 2016. Details are located at 1.usa.gov/1N9Ojwe. These applications may include trials testing combinations of interventions that may act synergistically to produce a more robust and long-lasting response as well as combinations of interventions that attempt to address multiple risk factors simultaneously (e.g., obesity, hypertension, diabetes, physical inactivity, anxiety, and depression). Investigators will be expected to collect DNA and other biosamples from these studies to enable subsequent interrogation of treatment responsiveness, as well as examination of predictors of decline in the groups receiving placebo. Phase III clinical trial applications, that are appropriate for this funding opportunity, will have established proof of mechanism or target engagement at earlier stages of clinical development for the intervention(s) being tested.

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Novel Approaches Sought for Diagnosing Alzheimer’s Disease, Predicting Progression

A new funding opportunity announcement from the National Institutes of Health and the National Institute on Aging encourages research applications to identify novel biomarkers to diagnose Alzheimer’s disease (AD) and to predict clinical course. These novel biomarkers should provide new biological information about patients with dementia and/or address the shortcomings of currently-validated biomarkers. This funding opportunity hopes to facilitate projects that will accomplish one or more of three aims: identifying new biomarkers that provide novel insights into the pathophysiological basis of AD; identifying new biomarkers that are minimally invasive, inexpensive, usable in community settings, and that could be used for screening a general population; and identifying new biomarkers that could serve as surrogate measures for disease progression in AD. Both clinical and preclinical studies may be supported by this funding opportunity. The next available due date is February 5, 2016. A full description can be found at 1.usa.gov/1iyqCFf.

NIH Seeks Applications for Preclinical Animal Study Sites

A new funding opportunity announcement — developed as a Common Fund initiative through the National Institutes of Health (NIH) Office of the Director, Office of Strategic Coordination, and administered by the National Institute on Aging — invites applications for Preclinical Animal Study Sites (PASS) to join the Molecular Transducers of Physical Activity Consortium. Awards made through this funding opportunity will support the collection of tissue samples from one species of exercised animals that complement the data and tissue collection in the human clinical protocol, as well as conduct initial detailed mechanistic studies to explore the functions, sources, and target tissues of molecules that transduce the effects of physical activity. Letters of intent for this U01 FOA are due February 18, 2016, and applications are due March 18. Full details can be viewed at 1.usa.gov/1M3lfst.

Grants Will Promote Caregiver Health Using Self-Management

The National Institute of Nursing Research has issued a funding opportunity announcement to stimulate research in promoting caregiver health using self-management. Specifically, this announcement focuses on informal caregivers, defined as unpaid individuals (spouses, partners, family members, friends, or neighbors) involved in assisting others with activities of daily living and/or medical tasks. Formal caregivers are paid, delivering care in one’s home or care settings (daycare, residential care facility). The application due date is March 3, 2016. Review further information at 1.usa.gov/1kAwL5B.

Become a part of the GSA Ambassador Program!

The GSA Ambassador Program spreads awareness of the field of aging. It also serves as a networking tool linking individuals with an interest in gerontology from all over the country and abroad with The Gerontological Society of America.

Note you must be an active GSA member to qualify.

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Questions? E-mail gsa-ambassador@geron.org

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The National Survey Says Americans Should Pay More Attention to OTC Medicine Labels

A new survey of more than 2,000 U.S. adults found that while the majority of consumers recognize the importance of reading the label of an Over-the-Counter (OTC) medicine when using the medicine for the first time, only 20 percent re-read the label of an OTC medicine they have used before. The survey found that only slightly more than half of older Americans (those over 70 years of age) reported that it is still important to read the label on OTCs they have taken before. In addition, while most Americans surveyed report not paying consistent attention to it as a critical tool for the safe and responsible use of OTC medicines. The survey also revealed that two out of every five consumers consider the directions on the OTC label as just guidelines. When broken down by age, gender and ethnicity, the survey results point to wide gaps in attitudes over the importance of reading OTC medicine labels. As a result of these findings, McNeil Consumer Healthcare has developed the “Every Label, Every Time” initiative to educate consumers about the appropriate use of OTC medicines, and the importance of reading and following all medicine labels. The website everylabeleverytime.com includes key findings from the consumer survey that can be shared via social media, as well as simple but important tips for taking OTC medicines safely.

Report Examines State Progress on Rebalancing LTSS

A new report has found that the Balancing Incentive Program helps states shift the balance of Medicaid long-term services and supports (LTSS) by increasing opportunities for people to receive community-based, rather than institutional, care. Through a section of the Affordable Care Act, the program was created for states that were spending more funds on institutional care than were being spent on community based LTSS in fiscal year 2009. In order for these certain states to receive the additional federal funds, a “balancing benchmark” was established where community-based LTSS would account for at minimum 50 percent of the total LTSS spending. Therefore, this report examines the progress the Balancing Incentive Program states made toward increasing the funds spent on community-based services one year before the program end date. The report also includes analysis of trends in expenditures, including specific service types, and presents the most contributing factors to the success of increasing community-based LTSS spending via state perspectives. The report and additional materials on this project may be accessed at bit.ly/1lb0xOr.

HomeAdvisor Report Includes Statistics on Aging-in-Place Activities

HomeAdvisor, a nationwide home services marketplace, released an “Aging-in-Place Report” in collaboration with the National Aging in Place Council that analyzes the trends related to how homeowners modify their homes to ensure they can remain there safely, comfortably, and independently as long as possible. It is comprised of data submitted to HomeAdvisor.com as well as results from a recent survey conducted among HomeAdvisor’s network of pre-screened home professionals. Some highlights of the 2015 “Aging-in-Place Report” include: More than one-half of homeowners who hire a professional for an aging-related home improvement are younger than 65 years old, with 10 percent younger than 50 years old; when hiring a professional to complete an aging-in-place project, 73 percent of the time homeowners make contact with the professional themselves; when technology is installed in the home, more than one-half of homeowners request home automation systems (e.g. security systems, lights, thermostats), 14 percent purchase assistive technology (e.g. automatic countertops and shelves), and 10 percent install in-home health monitoring (e.g. heart rate tracking and fall monitoring); and 74 percent of professionals feel prepared to discuss the financial benefits available to homeowners to help them age in place. The report also identified that the projects most frequently requested related to aging in place included adding grab bars in the home, building a disability ramp, installing a lift on the stairs, and adding a personal alert system. For the complete “Aging-in-Place Report,” visit bit.ly/1jYXitf.
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