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Order Careers in Aging Week Kits Now!
Careers in Aging Week 2015 is taking place from April 5 to 11. This annual venture is intended to bring greater awareness and visibility to the wide-ranging career opportunities in aging and aging research. Universities, colleges, and other organizations participate by sponsoring events at their schools or in their communities. GSA is offering a free promotional kit to interested educational institutions; the deadline to request one is March 20. Visit www.careersinaging.com to learn more.

Website Allows for Easy Profile Updates
In March, GSA will be distributing officer election ballots and a call for volunteers. Members are encouraged to visit the GSA website to make sure their contact information is up-to-date, especially if they have recently graduated, moved, or changed institutions. This also will ensure the timely delivery of your member benefits. Log in at www.geron.org and then click “Update Profile” within the “My Account” button or under the “Membership” menu item.

Join the Conversation

JOIN THE CONVERSATION

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Engage with GSA on social media.

Report Will Aid in Detecting, Diagnosing Cognitive Impairment

A new report from GSA’s Workgroup on Cognitive Impairment Detection and Earlier Diagnosis outlines a course of action for increasing the use of evidence-based cognitive assessment tools as part of the Medicare Annual Wellness Visit (AWV).

The AWV was established by 2010’s Affordable Care Act to allow Medicare beneficiaries to receive preventive and assessment services during visits with their primary care providers. And although detection of cognitive impairment is among the required AWV services, no specific tools are mandated and no data are available regarding tools used for this purpose.

The new report outlines a plan for addressing this shortcoming and shows how increased detection leads to earlier and optimal diagnostic evaluation, referral to post-diagnosis support and educational services in the community, and ultimately to improved health-related outcomes and well-being for Medicare beneficiaries with diagnosed dementia and their families.

“The Medicare AWV offers a universal opportunity for primary care providers to start a conversation with older adults and their families about cognitive changes that might be worthy of further investigation,” said Richard Fortinsky, PhD, chair of the Change AGEnts Initiative.

Action Awards Leverage Change AGEnts’ Expertise

The Hartford Change AGEnts Initiative is furthering its mission to accelerate change in the practice environment through a new program of Action Awards, which consist of one-year grants of $10,000 designed to achieve meaningful and demonstrable improvements in the health and well-being of older adults and their families.

There have been two cycles of funding to date; the application deadline for the third cycle is March 16. The Hartford Change AGEnts Initiative, which launched in 2013, is headquartered at GSA with support from the John A. Hartford Foundation. The awards are open to all, provided that the chief project leader is part of the Change AGEnts community — i.e., current and past fellows, scholars, alumni mentors, and advisors from the foundation’s programs in medicine, nursing, and social work. More information is available at www.changeagents365.org.

“The Action Awards are about positioning projects that are poised to improve the health of older Americans,” said Rachael Watman, MSW, senior program officer for the Hartford Foundation. “By spotlighting the winners, we want to provide an opportunity to raise awareness, gain institutional support, forge interdisciplinary partnerships, and catalyze action.”

The leaders of the Hartford Change AGEnts Initiative view changing practice as a collaborative and interprofessional process that uses strong evidence to achieve results. There are six principles/attributes that guide the initiative, and selected Action Award projects incorporate these guiding principles: involve interprofessional collaboration and team care; foster organizational partnerships across settings and with the community; are informed by evidence; demonstrate geriatric and gerontological excellence and best practice; advance person- and family-centered care; and promote equity and access.

Continued on page 6

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From the Executive Director

Your Vote, Your Society!

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

I hope it’s not too late to plant a suggestion for a New Year’s resolution, but here’s one that’s too good to pass up: help chart the course of GSA’s future. There are two opportunities to do this coming your way in the near future. Because GSA is a membership-based organization, its members have the right and responsibility to make their voices heard.

On March 2, GSA will distribute online ballots for the election of Society-wide and section officers. Every class of member is entitled to vote. Your ballot will be customized depending on your section and whether or not you are part of GSA’s Emerging Scholar and Professional Organization (ESPO).

The impact of your vote will be felt for several years to come. In fact, the GSA president elected this year will be in office for most of 2017, when GSA will act as host of the International Association of Gerontology and Geriatrics’ 21st World Congress. In other words, the ballot you cast now will have a ripple effect on a global scale.

What do GSA’s elected officers do? Many of them sit on the GSA Council, which is the supervising policy body of the organization. Some have oversight of the four professional sections within GSA as well as ESPO. They also are responsible for fulfilling charges set forth by the GSA president. Each person takes his or her office at the Annual Scientific Meeting. The terms of service vary from one to three years.

GSA officers also serve as representatives for the Society; you may see them at conferences or other events, or even on Capitol Hill providing expert testimony or engaging in advocacy efforts. Section chairs additionally are responsible for overseeing the program content at the Annual Scientific Meeting. These are just some examples of how they spend countless volunteer hours on behalf of the Society. They are perhaps most visible at the meeting’s Section Business Meeting and Award Presentation events, so be sure to extend your thanks for their service then!

The second opportunity for members to make a difference within GSA is coming at the end of March, when we will issue a call for volunteers for our governance committees. This will take the form of a survey where you can share your interests — regardless of how much you’ve been involved with GSA previously. GSA also offers many opportunities to volunteer throughout the year, be it through abstract reviews, mentoring activities, or the GSA Ambassador Program, to name a few. It is this type of experience that can eventually lead to being nominated to run for elected office.

Both serving as an officer and working with a committee bring benefit to the individual and the organization. Just look at how far we’ve come. In 1946, a year after GSA was founded, there were three membership sections and 80 total members. Today we have 5,500 members in four sections complemented by 20 additional groups. This was all accomplished because members took the time to steer GSA in the right direction.

Thus, the decisions you make now will shape GSA’s future. The Society is only as strong as the strength of its members, and with your help, we can make the years ahead our strongest yet. I encourage you to exercise your right to vote and get involved! Sincerely,

P.S. Be sure to log in at www.geron.org to make sure your contact information is up to date — both to receive your ballot and other important GSA communications.
In Memoriam

Shanta Sharma, PhD, of Arkadelphia, Arkansas, passed away on October 25, 2014, at the age of 79. Sharma was a professor of sociology at Henderson State University and served as coordinator of the Gerontology Certificate Program. She joined the Henderson faculty in 1989. Sharma earned her PhD in sociology from Wayne State University in Detroit in 1977, and a post doctorate degree at the Institute of Gerontology at Wayne State in 1978. Before arriving at Henderson, she was an adjunct assistant professor in the Department of Sociology/Anthropology/ Social Work/Criminal Justice at the University of Michigan-Flint. She had also served as an associate professor of sociology at Alma College in Alma, Michigan, and Shaw College in Detroit. Sharma was a lecturer in the Department of Political Science at Bhartiya Municipal Girls’ College in Chandusi, India from 1957 to 1959.

New Books by Members

• “Great Myths of Aging,” by GSA Fellow Joan Erber, PhD, and Lenore Szuchman, PhD. Published by Wiley-Blackwell, 2015.
• One of GSA’s journals, The Gerontologist, accepts recently published and forthcoming books for consideration of review. Please send copies to Judith Gonyea, Book Review Editor, Social Research Department, School of Social Work, Boston University, 264 Bay State Road, Boston, MA 02215.

Members in the News

• On November 16, the Dallas Morning News ran an interview with GSA Fellow Eric Kingson, PhD, titled “Yip: Middle class struggles to preserve retirement security.” The article recapped his presentation at the 2013 Annual Scientific Meeting regarding retirement security.
• The quarterly e-newsletter of the U.S. Centers for Disease Control and Prevention’s Office of Minority Health and Health Equity, Health Equity Matters featured William Benson in December. The piece highlighted Benson’s work on elder abuse.
• HealthDay published an article titled “Progress Still Needed on ’Race Gap’ in Older Americans’ Health” on December 10 that quoted Marshall Chin, MD, MPH. The piece discussed narrowing racial disparities in Americans’ health.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Nancy Knechel, RN, MSN, ACNP
Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Nina Silverstein, PhD
The recipient, who became eligible after referring new member Linnea Burke, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Somers, Teaster Named IPNEA Officers

Susan B. Somers, JD, and GSA Fellow Pamela B. Teaster, PhD, have been named president and secretary general of International Network for the Prevention of Elder Abuse (INPEA), respectively. Somers formerly served as assistant deputy attorney general for the State of New York, heading sections of Consumer Fraud and The Elder Protection Unit and State Director of the New York State Office of Children and Family Services’ Bureau of Adult Services. Teaster is a professor and associate director for research at the Center for Gerontology at Virginia Tech.

Johnson Wins Outstanding Achievement Award

Malcolm Johnson, BA(Leic), DSAS(Oxon), FRSA, of the University of Bristol has been awarded the British Society of Gerontology’s Outstanding Achievement Award 2014. The award is made annually to an individual or organization that has made a significant and lasting contribution to social gerontology in the UK. Johnson’s influence on social gerontology has been widespread. He produced a number of courses in gerontology at the Open University during the 1980s and 1990s, helped to establish the journal Ageing and Society, and edited the “Cambridge Handbook on Age and Ageing” in 2005, among many other achievements.

Ory Earns Deanship at Texas A&M

GSA Fellow Marcia G. Ory, PhD, MPH has been named associate dean for research at the Texas A&M School of Public Health. Additionally, Ory will co-direct a new school-wide initiative on health technology and patient empowerment. This involves campus wide activities with the College of Computer Sciences, Engineering, Science, and Architecture. Ory also is the 2014 recipient of the American Public Health Association Aging and Public Health Section’s Lifetime Achievement Award.

GSA Connect Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org! Here’s what members are talking about:
• GSA President Rita Effros, PhD: “In 2015 I hope to make a concerted effort to convey some of the exciting new gerontological research to the general public, in ways that are understandable to lay persons, and with the goal of dispelling some of the prevalent ageist attitudes.”
• Andre Muller, MA: “In 2015 I hope to be able to properly communicate my study results and provide some insights on how to make older adults more physically active.”
Lessons in Obstruction: Vetoes, Filibusters, Reconciliation, and Dynamic Scoring

As I have said before, a big part of our policy work and the education and advocacy we do here in the nation’s capital is dependent on politics and procedure. The 114th Congress brings with it many new members, a new majority in the Senate, and a new set of challenges facing those that would like to pass legislation. I am referring to four elements of the process that may play roles in determining whether this is another “do nothing Congress” or one that produces bills that break up the gridlock. Here I will lay the groundwork for knowledgeable advocacy by describing the veto, filibusters, budget reconciliation, and something called dynamic scoring. These procedures and how they are used this Congress will provide what could be an interesting history lesson on how our democracy works.

Veto

A lot has been made in the press recently about President Barack Obama’s threatened vetoes. In his sixth State of the Union speech, the president said that he would veto attempts by Congress to derail the Affordable Care Act, the Dodd-Frank protections, immigration regulations, and sanctions against Iran. The more conservative-leaning press, in particular, has tried to drum up interest for weeks based on Obama’s veto threats and labeled these threats as “the most in any State of the Union speech in history.”

Most recently, Presidents George W. Bush, Bill Clinton, Ronald Reagan, and Harry Truman all made veto threats in their State of the Union speeches. The earliest veto threat came in 1857, when President Franklin Pierce said he would veto legislation that he hadn’t had time to examine thoroughly.

Historically, vetoes have been much more commonplace than in the last six years. Obama has used the veto stamp only twice: on legislation about foreclosures and on a resolution that became irrelevant due to other legislation. Neither of these vetoes was newsworthy. Bush used 12 vetoes (4 overrides); Clinton 36 vetoes (2 overrides); George H.W. Bush 44 vetoes (1 override); Reagan 78 vetoes (9 overrides); and Jimmy Carter 31 vetoes (2 overrides). Of course, one could point out that in the past several years, there have been significantly fewer pieces of legislation to come across Obama’s desk than across the desks of other presidents. By comparison, John Adams, Thomas Jefferson, and Millard Fillmore never vetoed, while, on the other end of the scale, Franklin Delano Roosevelt vetoed 635 bills (9 overrides).

What makes a veto such a potent threat to congressional leaders? It does not necessarily spell the death knell for a piece of legislation. After all, a veto can be overridden by a 2/3 majority vote of the Congress (both House and Senate). The problem is attaining this magic majority. For the current House and Senate of the 114th Congress, this may prove to be difficult.

Only if both chambers vote to override does the bill become law notwithstanding the president’s veto; successful overrides of a veto are rare. Bills that are ultimately enacted are delivered to the Office of the Federal Register at the National Archives, assigned a public law number, and included in the next edition of the United States Statutes at Large.

Therefore, to override a veto, each chamber must have 2/3 of its members willing to vote together. That means, in the House, 290 of the 435 members must agree to the override; in the Senate, 67 of 100.

The current party division in the House is 246 Republicans, 188 Democrats, and 1 vacancy currently. In the Senate, there are 54 Republicans, 44 Democrats, and 2 Independents. You can see that a veto override vote of a 2/3 majority in each chamber is not a given considering that the president’s viewpoints are often aligned with those of his party.

Questions remain about how the majority in Congress will deal with the president’s veto threats. Will they regularly pass legislation that they know he will veto and that they will not be able to override in order to send a message about the issue or to make the case that the minority and the president are obstructing progress?

Filibuster

The president has the veto, the Congress has the override, but the senate has another tactical form of control it can wield: the filibuster. The filibuster or using the threat of a filibuster is employed by the minority party or a bipartisan group of senators or even one senator to prevent or block a vote from going forward. In the Senate, there is no time limit to how long a senator can speak. (In the House, filibusters were disallowed in the 1870s and members limited to one hour to speak, and most bills come to the House floor with a specific rule on time and amendment limits.) To overcome a filibuster, the senate must have a 3/5 majority (60 out of 100 senators) voting to invoke cloture (the term for ending debate on a bill and allowing a vote).

In 2013, desperate to get judicial nomination and executive branch appointee approvals, the Senate Majority Leader, Harry Reid (D-NV), engineered a different way to end the filibuster that ended up being called “the nuclear option” by opponents. It involved enabling the presiding Senate officer to rule that a simple majority (51 votes) is all that is needed to end a filibuster for judicial and executive branch nominees (except the Supreme Court) instead of the usual 60.

When this was happening, then Senate Minority Leader Senator McConnell (R-KY) strenuously objected to the change. According to The Washington Times, McConnell “denounced the move as a ‘power grab,’” and “vowed that Republicans would undo the
nuclear option if they won the majority in this year’s midterm
elections. ‘The solution to this problem is at the ballot box,’ he said
at the time.”

Another venerable leader in the Senate, Orrin Hatch (R-UT),
realized that the results of the mid-term elections meant that the
Republicans could capitalize on the Democrats’ coup of a year
earlier. He was quoted in the same article as saying, “We should not
return to the old rule. We should teach those blunderheads that
they made a big mistake.” According to the Times, “His views are
popular among Senate Republicans, who also insist that Democrats
can’t be trusted not to go nuclear again if they win back majority
control of the chamber.”

Sure enough, as of January 27, many senators are saying that
they want to keep the simple majority rule of 51 votes for judicial
nominations and appointments, although some remain opposed to
the plan.

Budget Reconciliation
When different parties control the House and Senate, a budget is
usually not developed because of the inability for the two sides to
agree. Now that the Republicans have majorities in both chambers,
there is talk that “budget reconciliation” can occur. The Republican
majority will likely use this unique process to secure tax cuts,
changes in entitlement spending, and pass the debt limit.

Both parties have used reconciliation over the years; for example,
Reagan (1981) and Bush (2001 and 2003) used it to pass major tax
cuts. It was also used to help pass welfare reform (1996) and the
Affordable Care Act. It is a process that helps the majority in the
Senate achieve significant or controversial changes without having
to overcome the threat of a filibuster. The Congressional Budget
Act outlines the rules of the game. Medicare, Medicaid, federal and
military retirement, food stamps, and farm programs can be
modified on the spending side. Social Security is off limits. Senate
rules prohibit provisions that don’t change spending levels, taxes
(revenue), or the debt limit (i.e., amendments on non-fiscal topics).
The process generally prohibits amendments that would raise
spending or raise taxes without offsetting the cost. (Remember that
when you read about dynamic scoring below.)

The process begins with the House and Senate passing budget
resolutions and agreeing on a compromise. The committees are
then tasked with determining how to implement the budget
though legislative changes to programs. All of those changes are
combined by the Budget Committees into a budget
reconciliation package that must be passed by both the House
and Senate and signed by the president in order to become law,
all with a simple majority in the Senate, unlike most other
legislation, which needs 3/5 (60 senators) to move forward
without the threat of filibuster or prolonged debate. Therefore,
many believe that the House and Senate majorities will work
together this year on a major budget reconciliation package to
cut taxes and entitlement programs.

Dynamic Scoring
Another procedural bone of contention is a change proposed by
the House Republicans led by Ways and Means Committee
Chairman Paul Ryan (R-WI). Based on his recommendation, the
House has just passed a rule requiring the Congressional Budget
Office (CBO) and the Joint Committee on Taxation (JCT) to use
“dynamic scoring” for determining budgetary impacts of tax
reforms and other legislation. (The CBO and JCT) are responsible
for estimating the fiscal effects of proposed legislation.) Dynamic
scoring involves adding estimates of how a given legislative proposal
would affect the size of the U.S. economy. Many economists see
this as a problem because it’s difficult to predict how tax and
spending proposals will affect an economy as large as ours of $17
trillion with its countless variables.

Democrats believe that dynamic scoring will allow tax cuts to
come across as revenue neutral, smoothing out possible problems.
Republicans say that more information is always better. But,
according to the Center on Budget Policy and Priorities, “The new
House rule, in contrast, asks for an official cost estimate that only
reflects a single estimate of the bill’s supposed impact on the
economy and the resulting revenue impact. … The new House rule
will no longer explicitly require the JCT to provide analyses that set
out its estimates of a tax bill’s effect on economic output,
employment, and capital stock. Nor will the rule require CBO and
JCT to provide a range of economic and cost estimates that reflect
different models and assumptions.”

Columnist and economist Robert J. Samuelson says that the flap
over dynamic scoring obscures the real problems facing the national
purse: “Meanwhile, the real budget issues are ignored. For
Democrats, these would include cuts in Social Security and
Medicare, whose growth is squeezing other programs. For
Republicans, it would be recognition that, even after spending cuts,
balancing the budget requires tax increases. So what else is new?”

As the 114th Congress moves forward, we will see how often the
president will obstruct the will of the Republican majority in
Congress by vetoing legislation. We will see how often the
Republican majority will force vetoes and attempt veto overrides.
We will also see how willing — and able — the minority party will
be to challenge the will of the majority by using the filibuster. Of
course, there is also the possibility of bipartisan majorities thwarting
voting blocs in both parties — maybe teaming up with the
president to get something done. All this will play out under rules
that favor the majority and its agenda, but with the nearly final
decision in the hands of the president, whose approval rating has
been rising and who reminded us during the State of the Union
speech that he has no more campaigns to run. For now, I won’t
even mention the role of the 2016 elections.
workgroup. “Our workgroup’s report provides guidance for providers so they can start this conversation and, as appropriate, employ evidence-based assessment tools to detect cognitive impairment.”

The report is available at www.geron.org/ci. The website also contains a link to a companion webinar held in January, led by workgroup members Katie Maslow, MSW, and Shari M. Ling, MD.

“Increased detection of cognitive impairment is essential for earlier diagnosis of Alzheimer’s disease and related dementia — and also earlier diagnosis leads to more timely linkage of older adults and their families with community-based services and supports,” Maslow said.

In the report, the workgroup outlines a recommended four-step process achieving its goals.

Step 1 is to kickstart the cognition conversation. To increase detection of cognitive impairment and promote earlier diagnosis of dementia in the Medicare population, the GSA workgroup endorses that primary care providers use the AWV as an annual opportunity to kickstart — that is, to initiate and continue — a conversation with beneficiaries and their families about memory-related signs and symptoms that might develop in older adulthood.

Step 2 is to assess the patient if he or she is symptomatic. The GSA workgroup endorses use of a cognitive impairment detection tool from a menu of tools having the following properties: it can be administered in five minutes or less; it is widely available free of charge; it is designed to assess age-related cognitive impairment; it assesses at least memory and one other cognitive domain; it is validated in primary care or community-based samples in the U.S.; it is easily administered by medical staff members who are not physicians; and it is relatively free from educational, language, and/or cultural bias. The report provides a list of tools that may be suitable for this purpose.

Step 3 is to evaluate with full diagnostic workup if cognitive impairment is detected. The GSA workgroup recommends that all Medicare beneficiaries who exceed threshold scores for cognitive impairment based on the cognitive assessment tools used in step 2 undergo a full diagnostic evaluation. Numerous published clinical practice guidelines are available to primary care providers and specialists to help them arrive at a differential diagnosis.

Step 4 involves referral to community resources and clinical trials, depending on the diagnosis. The GSA workgroup recommends that all Medicare beneficiaries who are determined to have a diagnosis of Alzheimer’s disease or related dementia be referred to all appropriate and available community services to learn more about the disease process and how to prepare for the future with a dementia diagnosis.

“The GSA workgroup views this suggested four-step process as a framework for communicating with a wide variety of stakeholders about the critical importance of incorporating cognitive impairment detection into everyday clinical practice with older adults,” Fortinsky said. “We look forward to building on this report by helping to plan additional activities intended to disseminate and implement the report’s recommendations in communities throughout the country.”

University of Florida Debuts Online Graduate Programs

The University of Florida College of Medicine’s Department of Aging and Geriatric Research is offering two new online graduate programs: a 15-credit graduate certificate in aging and geriatric practice and a 36-credit Master of Science in medical sciences with a concentration in aging and geriatric practice. Both programs take a comprehensive look at aging from a clinical, physiological, epidemiological, sociological, and psychological perspective. The curriculum will provide learners with a broader understanding of the process of aging, and prepare them to work with the aging population. The programs are offered entirely online. For more information, visit online.aging.ufl.edu.

Case Western Will Address End-of-Life Decisions

Case Western Reserve University’s Frances Payne Bolton School of Nursing will study end-of-life (EOL) decisions among cancer patients with a four-year, $2.06 million grant from the National Institute of Nursing Research (NINR). The project, Mapping Complex Influences of Aggressiveness of End of Life Cancer Care, will contribute to NINR’s ongoing research to better understand the decision-making process for EOL choices. Researchers from the nursing school and the School of Medicine will examine how oncologists, patients, caregivers, and oncology nurses interact and influence EOL decisions for advanced cancer patients. The goal of the research is to improve the quality of life for patients and all of those involved with EOL decisions.

Figure 1. Medicare Beneficiary and Family Flow to Promote Cognitive Impairment Detection and Earlier Diagnosis of Dementia*

<table>
<thead>
<tr>
<th>Step 1**</th>
<th>For beneficiaries with cognitive impairment, PCP rules out reversible causes; conducts or refers beneficiary for full diagnostic evaluation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2**</td>
<td>For symptomatic beneficiaries, PCP uses an evidence-based assessment tool to detect cognitive impairment.</td>
</tr>
<tr>
<td>Step 3**</td>
<td>If AWV, PCP reviews or inquires about memory or cognitive complaints, or observes clinical signs and symptoms.</td>
</tr>
<tr>
<td>Step 4**</td>
<td>If AWV, PCP with or without family: Medicare Annual Wellness Visit (AWV) or Complaints about memory or cognition or clinical signs and symptoms.</td>
</tr>
<tr>
<td>Desired Outcomes</td>
<td>Beneficiary and family-specific health-related outcomes</td>
</tr>
<tr>
<td>Medicare beneficiary visits primary care provider (PCP) with or without family</td>
<td>Medicare Annual Wellness Visit (AWV) or Complaints about memory or cognition or clinical signs and symptoms.</td>
</tr>
</tbody>
</table>

*4 Step Process—Step 1: Kickstart cognition conversation; Step 2: Assess if symptomatic; Step 3: Evaluate with full diagnostic workup if cognitive impairment detected; Step 4: Refer to community resources and clinical trials. **Step 1 and Step 2 represent the GSA workgroup’s original charge.
Preparing for a Post-Doctoral Position

By Karen O. Mass, MSN, RN, CNL, and Glenna Brewster, MS, RN, FNP-BC

It is the time of year when many doctoral students are graduating and making crucial career decisions including whether or not to apply for a post-doctoral fellowship. This article will discuss some questions to consider when deciding whether to pursue a post-doctoral fellowship, how to identify these fellowships, and provide some suggestions for the interview process.

Post-doc or Not?

First, students should identify their professional goals by answering the following questions: Where does my passion lie? What do I envision as my future role? Do I want to teach, conduct research, or both? Am I seeking a career in academia or industry? What skills and goals do I hope to attain while in this role? Students should also consider whether they can fiscally support a one- to two-year post-doctoral role and whether or not they are able to relocate for this position.

Identifying Opportunities

Before seeking out post-doctoral opportunities, students should be clear on their goals for the post-doctoral experience so as to clearly communicate them in the application and/or the interview. All post-doctoral opportunities are not always publically advertised. Sometimes, personal communication reveals such openings. Therefore, networking at professional meetings is important in this process. Additionally, scheduling meetings (coffees or lunches) with potential mentors in advance of conferences can be beneficial.

Most post-doctoral fellowships have a framework that includes the possibility to tailor the program to meet candidates’ specific needs. A candidate should be a good fit for the program, allowing for a seamless transition into this new role. There should be a research focus or methodological match between the candidate and mentor(s).

Interview Process

After making the decision about where to apply, students should consider communicating interest about the post-doctoral program to the grant administrator. Be sure to update and format the curriculum vitae (CV) and draft a cover letter that clearly reflects evidence of fit for the program to which they are applying. Ensure that others, including faculty advisors, review these materials in advance of submission.

The application process can vary. For example, one post-doctoral position may require a formal application while another may informally discuss how the student’s goals fit into the overall objectives of the funder. In both of these cases, students will be interviewed. The interview can vary in format and length. Therefore, request an itinerary to assist you with preparing for the interview. Thoroughly research the university and the persons with whom you’ll be interviewing. Be prepared to answer why you chose to apply to that particular university and to ask thoughtful questions to the interviewers. For example, ask questions about expectations of a post-doctoral researcher, mentorship, and whether there is flexibility to incorporate professional practice into the post-doctoral experience. Some other questions to ask the director or grant administrator include: What is the anticipated salary/stipend? Are other benefits such as health insurance, conference travel funds, etc. included? Can my student loans be deferred while I am enrolled in a post-doctoral program?

Prepare to deliver a professional oral presentation. Before putting the presentation together, find out who the audience will be and the time allotted for the presentation. Practice the presentation and seek feedback from friends and colleagues. If this is not possible, record then listen to yourself giving the presentation.

On the day of the interview, if appropriate, take additional copies of your CV and publications. To the extent that is possible, interact with researchers, staff, and/or students so as to get a feel of the culture of the school and assess how you will fit into that environment. At the end of the interview, thank each interviewer for his/her time in conducting the interview. Ask the director of the program when to expect communication about the position. The following week, send thank you letters to each person with whom you interviewed. If applying for multiple positions, use this interview to fine-tune your presentation and answers for future interviews. Also, start researching how and what to negotiate for when you receive an offer.

Additional Resources

National Postdoctoral Association website: www.nationalpostdoc.org


Educational Opportunity

The Global Social Initiative on Aging is inviting registrants for its first Master Class on “Population Ageing and the Challenges of Integrating Paid Work and Family Care Work” in April 2015, alongside the International Association of Geriatrics and Gerontology European Area conference in Dublin, Ireland. Full details of how to apply can be obtained from the course director at s.m.yeandle@leeds.ac.uk or at iagg.info/se/iagg_news/14576.
GSA is deeply indebted to the following agencies, corporations, foundations, and individuals for their contributions to the Society and its activities during 2014.

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  - Deborah Carr
  - Laura Carstensen
  - Letha Chadiha
  - Moon Choi
  - Claude Pepper Center, Florida State University
  - Teresa Cooney
  - Stephen Cutler
  - Fayron Epps
  - Richard Fortinsky
  - Joseph Gaugler
  - Linda George
  - Deborah Gold
  - Christine Gould
  - Sherry Greenberg
  - Marilyn Gugliucci
  - Lisa Gwyther
  - Bryan Hansen
  - Jon Hendricks
  - Thomas Hess
  - Lynne Hodgson
  - Karen Hooker
  - Nancy Hooyman
  - Amy Horowitz
  - Kathryn Hyer
  - Sharon Inouye
  - James Jackson
  - Shannon Jarrott
  - Kimberly Johnson
  - Peter Lichtenberg
  - Gordon Lithgow
  - Rebecca Logsdon
  - Lydia Manning
  - Kyriakos Markides
  - Roger McCarter
  - Tara McMullen
  - Chandra Mehrotra
  - Terry Mills
  - Kristen Porter
  - James Powers
  - George Rehok
  - Brenna Renn
  - Elizabeth Hahn Rickenbach
  - Karen Roberto
  - Laurence Rubenstein
  - Nina Silverstein
  - Gaynell Simpson
  - Kelly Smith
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  - Keith Whitfield
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  - Nancy Wilson
  - Fredric Wölinsky
  - Bei Wu
  - Barbara Yee

- **Doris Schwartz Gerontological Nursing Award Endowment Fund**
  - [Contributions made through the Fun Walk/Run at the Annual Scientific Meeting](#)
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  - Cynthia Beel-Bates
  - Meg Bourbonniere
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  - Rachel Brewer
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  - The Annual Scientific Meeting)
  - Barbara Berkman
  - Letha Chadiha
  - Toni Antonucci
  - David Ekerdt
  - David Calasanti
  - Deborah T. Gold
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  - Susan Miller
  - Nancy Morrow-Howell
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  - Adriana Perez
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  - Letha Chadiha
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- **Elaine M. Brody Memorial Fund**
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  - Deborah T. Gold
  - Debra Hull
  - Sue Peschin
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*Florida State University*

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*Deborah T. Gold*

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*Amber Watts*
67th Annual Scientific Meeting

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Glenn Foundation for Medical Research**
Hartford Change AGEnts Initiative*
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Mallinckrodt Pharmaceuticals*
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Age UK
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Cognitive Impairment Detection and Earlier Diagnosis
Eli Lilly and Company

National Adult Vaccination Program/Immunization Champions, Advocates, and Mentors Program
Pfizer

OTC Sleep Aids and Sleep Health in Older Adults
Pfizer

OTC Medication Reconciliation for Older Adults
Novartis Consumer Health

What’s Hot in Aging Policy: Preventing and Treating Malnutrition to Improve Health and Reduce Costs
Abbott

From Policy to Practice: An Interdisciplinary Look at Labeling Changes for Acetaminophen and the Implications for Patient Care
McNeil Consumer Healthcare

From Policy to Practice: An interdisciplinary look at the potential of policy to improve the health of an aging America. Focus on Pain.
Purdue Pharma LP

2014 Careers in Aging Week
National Center on Gerontological Social Work Excellence

Journalists in Aging Fellows Program
AARP
The John A. Hartford Foundation

Maxwell A. Pollack Award for Productive Aging
The New York Community Trust through a generous gift from the Maxwell A. Pollack Fund

M. Powell Lawton Award
The Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life

Margret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology
The Margret M. and Paul B. Baltes Foundation

Richard Kalish Innovative Publication Award
The Baywood Publishing Company

Minority Issues in Gerontology Committee Outstanding Mentorship Award
Senior Service America, Inc.

Theoretical Developments in Social Gerontology Award
American University

Gene Cohen Creativity and Aging Research Award
The National Center for Creative Aging

Senior Service America Awards for Research Related to Disadvantaged Older Adults
Senior Service America, Inc.

Douglas Holmes Award for Quality of Life/Quality of Care
The RESQCare Interest Group

Excellence in Rehabilitation of Aging Persons Award
Timothy L. Kauffman

Hartford Change AGEnts Initiative
The John A. Hartford Foundation

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University of Indianapolis Center for Aging & Community

Learn how your support can help GSA advance research, education, and practice in the field of aging at www.geron.org/donate.
Continued from page 1 – Action Awards Leverage Change AGEnts’ Expertise

The initiative has identified six domains in which practice change is needed to make a real difference in the lives of real people. Each project supported by an action award focuses on one of these domains:

- Transforming practice, care and services—adopting new models, measures, or improvements in the work of clinical units, clinics, care settings, social agencies, or communities
- Redesigning delivery systems — making systemic improvements in care within and across organizations or networks
- Advancing public policy — conducting advocacy, seeking regulatory and reimbursement change, or using research to inform policy making at the federal, state, regional, or local level
- Connecting health professions education and practice — reshaping pre- and post-degree education programs to include geriatrically expert, interprofessional, and collaborative concepts/approaches critical to providing better care, and to provide current practitioners with the tools and training needed to provide this kind of care
- Strengthening quality measures and tools — generating or advancing the use of tools and measures to enhance care.
- Developing model programs — creating and testing new care models, interventions, and/or strategies designed to improve care and health

Nine projects received funding during the first cycle, which runs from August 1, 2014, through July 31, 2015. An additional nine projects received funding during the second cycle, which runs from January 1, 2015 through December 31, 2015.

Community Engagement to Better Manage Ischemic Vascular Disease
Domain of practice change: Transforming practice, care, and services
Project leaders: Suzanne Landis, MD, MPH, Mountain Area Health Education Center and University of North Carolina; and Sarah Thach, MPH, Mountain Area Health Education Center

Designing a New System-wide Geriatric Medicine Program for Care New England
Domain of practice change: Redesigning delivery systems
Project leaders: Nancy Roberts, MSN, RN, VNA of Care New England; and Ana Tuya Fulton, MD, FACP, Butler Hospital

Development of a Patient-Centered Care Planning Tool for Multimorbid Patients
Domain of practice change: Strengthening quality measures and tools
Project leaders: Katherine Thompson, MD, The University of Chicago; Lisa Maillard, MS, APN, The University of Chicago; Megan Huisingh-Scheetz, MD, MPH, The University of Chicago; and Mariko Wong, MD, The University of Chicago

Health Home Connect (HHC)
Domain of practice change: Advancing public policy
Project leaders: Amy Turk, LCSW, Downtown Women’s Center

Honoring the Care Wishes of Nursing Home Residents
Domain of practice change: Connecting health professions education and practice
Project leaders: Mercedes Bern-Klug, PhD, MSW, MA, University of Iowa; Nicole Peterson, DNP, ARNP, University of Iowa; and Jane Doehrmann, MSW, Honoring Your Wishes, Iowa City Hospice

Implementing Routine Cognitive Assessment for Older Elective Surgery Patients in a Busy Preoperative Testing Center
Domain of practice change: Strengthening quality measures and tools
Project leaders: Zara Cooper, MD, MSc, FACS, Brigham and Women’s Hospital; Deborah J. Culley, MD, Brigham and Women’s Hospital; Houman Javedan, MD, Brigham and Women’s Hospital; and Angela Bader, MD, MPH, Brigham and Women’s Hospital

MiCAPABLE—Community Aging in Place, Advancing Better Living for Elders in the Michigan Medicaid Waiver Program
Domain of practice change: Transforming practice, care, and services
Project leaders: Sandra L. Spoolstra, PhD, RN, Michigan State University; and Sarah Szanton, PhD, ANP, Johns Hopkins University

New Strategies for Community Fall Prevention - Linking Emergency Care Providers with Home Health, Patients and their Providers
Domain of practice change: Redesigning delivery systems
Project leaders: Kate T. Queen, MD, Mountain Area Health Education Center; and Mark Johnson, RN, CCEMT-P, BSN, Mission Health

Testing and Refinement of Interprofessional Geriatric Rounds (TRiGR) Practice Change
Domain of practice change: Developing model programs
Project leaders: Susan M. Lee, PhD, RN, NP-C, Brigham and Women’s Hospital; and Heidi Doucette, MS, RN, Brigham and Women’s Hospital

A Hidden Safety Resource: Family Caregiver Participation in Medication Reconciliation Across Care Transitions
Domain of practice change: Transforming practice, care, and services
Project leaders: Mary Dolansky, PhD, RN, Case Western Reserve University Francis Payne Bolton School of Nursing; and Stefan Gravenstein, MD, University Hospitals Case Medical Center

Assessing and Addressing Caregiver Needs in the Caregivers of Homebound Elders
Domain of practice change: Transforming practice, care, and services
Project leaders: Stephanie Bruce, MD, Washington Hospital Center; and Ruth Shea, LICSW, Washington Hospital Center

Hampton Roads Care Transition Program
Domain of practice change: Transforming practice, care, and services
Project leaders: Fran Anderson, Senior Services of Southeastern Virginia

Implementation of an Innovative Intergenerational, Trauma Informed Kinship Care Practice Model
Domain of practice change: Transforming practice, care, and services
Project leaders: Amy Astle-Raaen, MSW, University of Washington School of Social Work; and Wendy Lustbader, MSW, University of Washington School of Social Work

Improving Access, Communication, and Efficiency of Care: Implementation of Telemedicine Capabilities between a Hospital and Skilled Nursing Facility
Domain of practice change: Transforming practice, care, and services
Project leaders: Winnie Suen, MD, MSc, Inova Fairfax Hospital; Steven Dean, MS, Inova Health System; and Amanda Gannon, Burke Health and Rehabilitation Center

Continued on page 11
Archived ESPO Webinar Addresses Non-Academic Careers

The Emerging Scholar and Professional Organization (ESPO) and the National Institute on Aging collaborated in December 2014 to present a webinar featuring GSA members Leland “Bert” Waters, PhD, and Tracey Gendron, PhD, to discuss their experiences in diverse gerontology roles and ways to explore potential trajectories for non-academic careers in aging. The webinar is now available for viewing at www.geron.org/webinar, alongside previous installments. To date, ESPO has offered webinars on publishing, mentoring, with the most recent one taking place February 20 on the topic of grant writing.

FASEB Launches New Website to Help Scientists Engage in Advocacy

A new website created by the Federation of American Societies for Experimental Biology (FASEB) offers a comprehensive set of customizable tools designed to help individuals in the research community advocate for sustained, predictable funding for the federal science agencies. These resources include, step-by-step instructions for planning a meeting with a member of Congress; legislative visit best practices; links to factsheets highlighting National Institutes of Health and National Science Foundation funding in each state and district; talking points and discussion guides; tips for attending town hall meetings; and instructions on how to communicate with members of Congress on Twitter. These resources are available at http://bit.ly/1ygIYzv.

Online Resource Provides Educational Materials on Frailty

A new website for health care providers, www.frailty.net, has been launched with the support of an educational grant from Nutricia and by the Journal of Frailty & Aging. It is an international educational resource that aims to help geriatricians, primary care physicians, and other health care professionals involved in the care of older persons implement frailty into clinical practice. Frailty is a clinical state that develops as a consequence of age-related decline in many physiological systems and increases an individual’s vulnerability for developing further dependency and/or mortality when exposed to a stressor. The portal will bring information on ways to identify pre-frail and frail individuals, to prevent disability, to implement frailty into clinical practice. It is also expected to treat subjects about the latest developments, updated research findings, clinical trials, new treatment approaches, and current recommendations for the care of older persons.

Website Sheds Light on New HCBS Rule

A new website, HCBSadvocacy.org, is a platform designed to share information and resources regarding the new Home- and Community-Based Settings (HCBS) rule established by the U.S. Centers for Medicare and Medicaid Services, which gives states new flexibility and responsibilities for using Medicaid dollars to pay for home- and community-based services. This online resource, which also details what steps each state is taking to comply with the new rule, is a project of the Association of University Centers on Disabilities, the National Association of Councils on Developmental Disabilities, and the National Disability Rights Network. It includes news and documents from states, advocacy resources, comment deadlines, and links to the final rule and official guidance.

IOM Report Examines End-of-Life Preferences

In “Dying in America,” a consensus report from the Institute of Medicine (IOM) released in fall 2014, a committee of experts found that improving the quality and availability of medical and social services for patients and their families could not only enhance quality of life through the end of life, but may also contribute to a more sustainable care system. The complete report and other resources, including a webinar recording and slides, are available at www.iom.edu/endoflife.

MAking Real Progress in Emotional Health (MARPEH)

Domain of practice change: Transforming practice, care, and services
Project leaders: Eran Metzger, MD, Hebrew Rehabilitation Center

Relocation Amidst Revitalization: Recreating Social Worlds for Older Adults

Domain of practice change: Advancing public policy
Project leaders: Tam Perry, PhD, MSSW, MA, Wayne State University; Kathleen Ruth, MSN, RN, APHNP-BC, St. Aloysius Parish, Neighborhood Services; Joann Adragna, St. Aloysius Parish; Deacon Donald E. Leach, MPA, MARS, St. Aloysius Parish; and Claudia Sanford, BFA, United Community Housing Coalition

SPRING: Screening PRogram for Identifying Needs due to Geriatric Syndromes in Homeless Veterans

Domain of practice change: Transforming practice, care, and services
Project leaders: Marcia Mecca, MD, VA Connecticut Healthcare System, Yale University; and Theddeus Iheanacho, MD, VA Connecticut Healthcare System, Yale University, Errera Community Care Center

Transforming Chronic Disease Management Practice in the Skilled Nursing Centered Clinical Decision Support

Domain of practice change: Transforming practice, care, and services
Project leaders: Evelyn Duffy, DNP, AGPCNP-BC, FAANP, Case Western Reserve University Francis Payne Bolton School of Nursing; and Colleen Lavelle, MA, LNHA, Jennings Center for Older Adults
Ballots and a voter’s guide for the election of GSA’s next officers will be sent by e-mail to all members on March 2. Reminders will be sent again prior to the voting deadline of April 15. Please make sure GSA has your correct e-mail address on file by checking your member profile at www.geron.org. If you wish to receive a paper ballot, please contact ballots@geron.org.

**Officer Candidates Unveiled for 2015 Elections**

**GSA President**  
Mary H. Palmer, PhD, RN, C  
Barbara Resnick, PhD, CRNP

**Health Sciences Section Chair**  
Ali Ahmed, MD, MPH  
Toni P. Miles, MD, PhD

**Behavioral and Social Science (BSS) Section Chair**  
Carlos Mendes de Leon, PhD  
Karl Pillemer, PhD

**Social Research, Policy, and Practice Section Chair**  
Marla Berg-Weger, PhD, LCSW  
Kathy E. Sykes, MA

**BSS Section Member-At-Large**  
David Almeida, PhD  
Monika Ardelt, PhD  
Anne E. Barrett, PhD  
Jessica A. Kelley-Moore, PhD  
Corinna E. Löckenhoff, PhD  
Brent J. Small, PhD

**Emerging Scholar and Professional Organization (ESPO) Chair**  
Jenny Palmer, MS  
Kristen E. Porter, MS, MAc

**Biological Sciences Section Chair**  
Janko Nikolich-Zugich, MD, PhD

**ESPO Communication Chair**  
Patricia A. Fletcher, MA, MS  
Lin “Helen” Jiang, MSSSW

**ESPO Secretary**  
Carol Geary, RN, MBA  
Yolanda D. Perkins-Volk, MA

RAND is pleased to announce the 22nd annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 6-9, 2015. The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 6-7) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 8-9). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2015 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

Both the Mini-Med School and the workshop are described more fully at our web site: http://www.rand.org/labor/aging/rsi/.

For additional information, please contact Cary Greif (cary_greif@rand.org).

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health. RAND is an Equal Opportunity/Affirmative Action Employer.
Australian Government Takes Proactive Stance on Dementia Research

The Australian minister for education and training recently announced the opening of a new fellowship program to support research into dementia. The joint fellowships will be funded by the country’s two peak research bodies, the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC), as part of the government’s $200 million Boosting Dementia Research budget initiative. The fellowships are targeted to researchers who are still early in their careers. Up to $46 million of ARC-NHMRC funding is allocated to build the future research workforce by dramatically expanding the capacity in dementia research. The Australian government has already announced other elements of its dementia initiative including NHMRC Dementia Research Team Grants and the establishment of the NHMRC National Institute for Dementia Research. The institute will target and coordinate the national research effort and ensure translation into better treatments, care, and services to dementia sufferers, caregivers and their communities. Researchers can now apply for the grants through NHMRC. Further information is available on the NHMRC website at bit.ly/1JnLbuS.

Australia Addresses Rights of Disabled

The final report of the Australian Law Reform Commission (ALRC), “Equality, Capacity, and Disability in Commonwealth Laws, now available from www.alrc.gov.au/publications, makes 55 recommendations for reform that will better provide people with disability equal recognition before the law — in particular, in relation to the right to make decisions that affect their lives and to have those decisions respected. At the heart of the reforms sit the National Decision-Making Principles, developed by the ALRC to guide reform at a national level. The ALRC has also recommended a new Commonwealth decision-making model that will encourage the adoption of supported decision-making at a national level. The new model introduces mechanisms for the appointment of “supporters” for adults who may require decision-making support, and provisions relating to “representatives” to address circumstances in which a person may desire, or require, someone else to make decisions for them.
Policy Fellows Program Expands, Welcomes Applications

The Health and Aging Policy Fellows Program invites candidates with a strong commitment to health and aging issues, leadership potential, and interest in aging-relevant policy work to join the next class of fellows (2015–16). The Health and Aging Policy Fellows Program aims to create a cadre of leaders who will serve as change agents in health and aging policy to ultimately improve the health care of older adults. The year-long fellowship offers training and an enrichment program that is focused on current policy issues, communication skills development, and professional networking opportunities to provide fellows with the experience and skills necessary to help affect policy. The program has a broad interdisciplinary focus, and fellows have included physicians, nurses, social workers, psychologists, dieticians, healthcare administrators, epidemiologists, economists, and lawyers from academic and practice settings, spanning career stages from newly minted PhDs to senior professors and community leaders. Two new and innovative pilot programs have also been launched: policy/advocacy at the community level, which seeks applications from candidates working in non-academic settings at the community or state level in the U.S. who are actively engaged with their community around aging and health policy; and global health and aging policy, which seeks applications from candidates with a strong interest in global health policy and the global shift in demographics and related policy implications. The submission deadline for applications is April 15. For further information, visit www.healthandagingpolicy.org.

NIH Science of Behavior Change Program to Expand with Coordinating Center

With support from the National Institutes of Health (NIH) Common Fund, grant funds are available to support the NIH Science of Behavior Change Resource and Coordinating Center, which will coordinate the activities of between five and nine UH2/UH3 Target Validation Projects. The initial awards will be made in response to three companion funding opportunity announcements (RFA-RM-14-018, RFA-RM-14-019, RFA-RM-14-020) that will focus on identifying and validating targets in the three specific behavioral domains of self-regulation, stress reactivity and stress resilience, and interpersonal and social processes. The overall goal of the Science of Behavior Change program is to transform behavioral intervention designs by implementing the experimental medicine approach to behavior change research. The overall goal of the coordinating center...
funding opportunities

will be to provide national leadership for the coordinated efforts of projects and initiatives of the program to validate assays for behavior change. Details related to this and the companion announcements at www.commonfund.nih.gov/behaviorchange. Applications are due March 20. Further details are available at 1.usa.gov/1yFNJfr.

Glenn, AFAR Team Up for Postdoctoral Fellowships in Aging
The Glenn Foundation for Medical Research, in partnership with the American Federation for Aging Research (AFAR), created the Glenn/AFAR Postdoctoral Fellowship Program for Translational Research on Aging to address the current concerns about an adequate funding base for postdoctoral fellows (MD, MD/PhD, and PhD) who specifically direct their research towards translational findings and who will demonstrate how their research will have direct benefits to human aging. The award is intended to provide significant research and training support to permit these postdoctoral fellows to become established in the field of aging. Postdoctoral fellows at all levels of training are eligible. Up to 10 one-year fellowships will be awarded. The award levels range from $49,000 to $60,000, based on years of relevant experience. Letters of intent are due March 3; applicants will be notified by April 15, and a subset of applicants will be invited to submit a full application by June 16. Additional details can be found at bit.ly/1J4RJ1i.

NIH Seeks to Establish Center for Big Data Coordination
The National Institutes of Health (NIH) has issued a funding opportunity announcement for a coordination center that will narrow the gap between the availability of biomedical big data and the ability of biomedical scientists to effectively utilize such data accurately, effectively, and efficiently. According to the NIH, achieving this goal requires bringing together individuals involved in training and career development programs to network and share experiences, and engaging individuals developing open educational resources in meaningful dialogue to ensure that the resources they develop will be freely available and easy to access by the broader biomedical community. By the end of the award period, the Training Coordination Center TCC will be expected to have developed a network of scientists involved in biomedical big data science, and produced a discovery index that serves as a primary source for personalized access to publicly available biomedical data science educational resources. Applications are due March 17. Learn more at 1.usa.gov/1ykeH8.

Join GSA Connect Today in Three Easy Steps:

1. Go to www.geron.org and click GSA Connect.
2. Click the “Log in to see members only content” on the top right side of the page. Use your GSA login credentials. You can also select Forgot My Password or email membership@geron.org if you do not know your login information.
3. Click My Profile and update your record by uploading a photo, inputting job history, and creating a short bio.

GSA Connect, a professional networking tool, was inspired by GSA members themselves.

As gerontologists call GSA their professional home, they requested a tool that allows them to share resources, communicate easily with their networks on a small or large scale, and connect with others on a professional level. That is where GSA Connect was born — an essential tool for GSA members and a part of our ongoing efforts to better serve your needs.

GSA Connect provides you an easy way to reach out to other gerontologists; whether searching for a psychologist or an economist, GSA’s multidisciplinary membership spans disciplines as well as the globe.

Get started now! Visit www.geron.org and log in to GSA Connect to create your profile and start interacting with your network.
As gerontologists, what we study is actually the cumulative outcome of lifelong events that culminate during old age. These effects, which can begin at the earliest stage of fetal development, encompass biology, social interactions, historical events, psychological experiences, and public policy.

The 2015 theme challenges researchers to highlight possible consequences of early life effects on aging, be it through biomedical events, nutrition, socioeconomic status, educational opportunities, stressful life experiences, or social relationships. Through the interdisciplinary research of our attendees and the expansion of our view of aging as a lifelong process, we have the potential to truly enhance the prospect of healthy aging.

Abstracts are due March 5, 2015. Visit www.geron.org/abstracts for details.