At their second annual conference, participants in the John A. Hartford Foundation Change AGEnts Initiative learned that collaboration is essential to moving their practice change efforts forward in difficult environments and circumstances.

This December meeting in Philadelphia hosted more than 100 individual Change AGEnts — current and past fellows, scholars, alumni, mentors, and advisors from the John A. Hartford Foundation’s programs in medicine, nursing, and social work — to identify strategic opportunities for collaborative action that accelerate efforts to improve the health of older adults and their families.

The John A. Hartford Foundation Change AGEnts Initiative, which launched in 2013, is headquartered at GSA with support from the foundation. It is a multi-year project designed to accelerate sustained change in the practice environment.

David Altman, PhD, the executive vice president and managing director at the Center for Creative Leadership (CCL), delivered the conference’s keynote address. In his presentation, he drew on his work in building CCL’s leadership development program in Europe, the Middle East, and Africa to show Change AGEnts how they can lead change and improve the health of older adults.

Altman built his talk around the military acronym VUCA — volatile, uncertain, complex, and ambiguous — and how this term describes the current state of the U.S. health care system.

Continued on page 6
Federal Budget Reveals Major Win for Aging Field

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

The aging research community in the U.S. got some very good news in December, when Congress approved and the president signed a spending bill that gave the National Institute on Aging (NIA) a stunning 33 percent increase over last year’s budget. How often does news of that magnitude come along? Not very often.

The National Institutes of Health (NIH) — the NIA’s parent organization — saw its bottom line increase by $2 billion overall, or roughly 6.6 percent. The reason the NIA got such a significant boost was due to $350 million designated for Alzheimer’s disease research. If you don’t factor in that money, the NIA still saw a 4.2 percent improvement from FY2015, compared to an average of 3.9 percent for all NIH institutes and centers. That kind of jump hasn’t been seen in a dozen years. (The NIA’s new funding line policy can be seen at 1.usa.gov/1me4ZvG.)

Those who have been continually undertaking advocacy efforts deserve applause for this achievement. And I want to congratulate the staff at the NIA, too, which is led by two remarkable GSA members — Richard Hodes, MD, and Marie Bernard, MD, as director and deputy director, respectively. Hodes contacted me and other leaders in the aging arena following the recent budget passage, expressing his thanks for our efforts in demonstrating the value of aging research. I thanked him as well, and recognized the extraordinary work of NIA staff members who collaborate so closely with scientists across all disciplines to make advance aging research. It’s truly a team effort.

Advocating for funding of aging research is a top priority for GSA and we are always a voice in the national conversation about aging issues. And, acting in the best interests of our members, we contribute to major advocacy efforts that target the nation’s top policymakers. I feel it is important for members to know what GSA is doing on their behalf.

A prime example of this is our work with the Friends of the NIA (FoNIA) coalition. As a founding member of the FoNIA, GSA is able to interact with representatives of the Department of Health and Human Services (HHS), Office of Management and Budget, and the NIH (including director Francis Collins, MD, PhD). In January, for example, the FoNIA met with Collins, Hodes, and Bernard to talk about continuing the momentum of the recent budget increase forward into FY 2017. The FoNIA has agreed to propose a $500 million increase over FY 2016 enacted funding for aging research across the NIH, and a minimum increase of an additional $400 million in Alzheimer’s disease research.

GSA also has representatives (myself included) attend meetings of the National Advisory Council on Aging (NACA), which meets three times per year. This body advises the HHS secretary, the NIH director, and the NIA. The public component of the NACA’s most recent meeting in January can be viewed at 1.usa.gov/20yemWL, and the proceedings include discussion of how the budget increase will impact the NIA.

Lastly, I want to recognize Congress and the president, who were the ultimate deciders on this funding. When President Obama mentioned the NIH budget increase in his State of the Union speech, there was a great deal more bipartisan applause than for nearly everything else he mentioned.

You can read more about the overall budget deal in this month’s Policy News on page 4. Also be sure to keep an eye on the Funding Opportunities section, as well as the GSA Announcements e-newsletter, as we publicize the new grant offerings that resulted from the recent budget increase. And don’t forget that GSA wants you to be a successful advocate, too — we offer a robust toolkit at www.geron.org/advocacy.

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

James E. Birren, PhD, a research pioneer who served as GSA president in 1962, passed away at age 97 on January 15. A leading gerontological theorist in the area of neurocognition and psychology, Birren established much of the framework of modern gerontological theory, such as “quality of life” as a multidimensional concept involving biological, psychological, and sociocultural domains. He attended GSA’s first Annual Scientific Meeting in 1949 and held numerous positions throughout his distinguished career. Following his service in the U.S. Navy, Birren received his doctorate from Northwestern University and began working at the Naval Medical Research Institute. In 1947, he joined the U.S. Public Health Service in Baltimore. In 1950, he joined the National Institute of Mental Health, where he created the first section on aging. In 1964, he was appointed director for the Program on Aging for the National Institute on Child Health and Human Development. He was a member of the faculty at the University of Southern California from 1965 to 1989, where he was the founding director of Ethel Percy Andrus Gerontology Center and founding dean of the USC Davis School of Gerontology. In 1989, he moved to the University of California, Los Angeles, and remained associate director of its Center on Aging until his retirement in 2003. He also received many honors throughout his career, including GSA’s Robert W. Kleemeier Award (formerly the Searle Award) and the Distinguished Career Contribution to Gerontology Award from GSA’s Behavioral and Social Sciences in 2002.

New Books by Members


Members in the News

• Rafael Romo, PhD, was featured in a Reuters article on October 20. The piece, titled “Almost Half of Elderly Patients Miscalculate Life Expectancy,” discussed Romo’s research on older adults’ inaccuracy of length of life as it relates to personal health decisions.

• On November 4, GSA Fellow Tarynn Witten, PhD, was interviewed for a Newsweek article about her latest research on transgendered baby boomers and end-of-life care. The article was titled “Aging Trans People Are Systematically Locked out of the Health Care System.”

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Robert Weech-Maldonado, PhD

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

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members.

The current spotlight shines on: Linda A. Hunt, PhD, OTR/L, FAOTA

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

Ory Named Research Laureate

Regents and Distinguished Professor Marcia Ory, PhD, of the Texas A&M Health Science Center School of Public Health, has been named the American Academy of Health Behavior’s 2016 research laureate in health behavior research. Ory, a GSA fellow, currently serves as associate dean of research at the Texas A&M School of Public Health. She has authored or co-authored 10 edited books, 40 book chapters, served as guest editor for 20 journal issues, and published over 350 peer reviewed articles. Additionally, she is engaged in a variety of research projects at the local, state, and national level that have generated more than $1 million annually in expenditures for research and service.

Eleven GSA Members Named Among Field’s Most Influential

Next Avenue has released the 2015 Influencers in Aging, its first annual list recognizing 50 inspiring thought leaders, innovators, doctors, authors, advocates, experts, and executives. The list included eleven GSA members, including six fellows, in the five topic areas Next Avenue focuses on: health & well-being, caregiving, money and security, work and purpose, and living and learning. The GSA fellows named were Karen Fredriksen-Goldsen, DrPh, Linda Fried, MD, Kevin Mahoney, MSW, PhD, Felipe Sierra, PhD, Laura Carstensen, DPhil, and Joseph Coughlin, PhD. The GSA members who made the list were Laura Mosqueda, MD, Joanne Lynn MA, MD, MS, Kenneth Smith, MS, James Firman, EdD, MBA, and Cynthia Hutchins, MA.

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:

• Sharon Inouye, PhD: “What innovative means have you found or read about that assist in preventing and managing delirium in persons with dementia?”

• Allen Glicksman, PhD: “I may be co-teaching an introductory gerontology course later in 2016. Are there textbooks that people strongly recommend, and are there textbooks you have used that you would not use again?”

February 2016 • gerontology news • 3
As we begin the second session of the 114th Congress with the presidential primary season well underway, candidates are making predictions about dire consequences if voters make the wrong choice on Election Day. Yet our union and constitution have survived both brilliant and horrendous presidents and everything in between. Meanwhile, news of war, refugee crises, terrorist attacks, and environmental catastrophe is unsettling if not ominous. However, President Barack Obama reminded us in his final State of the Union address that the nation’s stable, growing economy gives much reason for optimism and that our strongest military ever will continue to protect our freedoms. Time will tell, but at least it appears that the next president will not be facing a great recession. What is more certain is the past, and 2015 saw several significant public policy developments affecting older Americans. Here’s a recap:

Taxes and Government Spending

Appropriations

As is often the case, in December, the congressional end-of-session crush spawned a flurry of political maneuvering, compromise, and action. Congress had worked throughout the fall to combine 12 department-specific appropriations bills into one giant spending package, commonly known as an omnibus. On December 18, the House and Senate approved such an omnibus, which ensures continued federal funding, to the tune of $1.1 trillion, for discretionary programs through the end of September 2016. The approved Consolidated Appropriations Act of 2016 raised overall funding levels for discretionary programs for FY16 and FY17 by $80 billion. The bill, which Obama immediately signed into law (Public Law No: 114-113), also included a large $622 billion tax deal.

Omnibus appropriations bills are notorious for including policy “riders” unrelated to appropriations. Proposed riders this time around pertained to Syrian refugees, the environment, and the Affordable Care Act (ACA). Ultimately, the omnibus passed with provisions for a two-year delay in the implementation of the ACA’s so-called “Cadillac” health plan tax, which was set to take effect in 2018, and the elimination of the ACA’s medical device tax, which had already taken effect for 2016 and 2017. These provisions will of course increase the deficit and potentially undo part of Obama care that was designed to slow the increases in health care costs.

The big news, as James Appleby shared in his column on page 2, is that the National Institutes of Health (NIH) received an increased appropriation of $2 billion for FY2016, which includes increases for critical aging research — including a major $350 million boost for Alzheimer’s disease. As NIH Director Francis Collins stated, “This is the most encouraging budget outcome in 12 years.” Of particular interest to aging advocates, the omnibus contained funding increases for some Older Americans Act (OAA) programs. Other OAA programs were flat funded at FY2015 funding levels. The National Association of Area Agencies on Aging published an appropriations chart online (see http://www.n4a.org/files/Omnibus Final 12_16_15.pdf) that details how most OAA programs fared. Notable funding increases include:

- OAA Title III C: Congregate and Home-Delivered meals received a $20 million boost ($10 million each).
- OAA Title III E: The National Family Caregivers Support Program received an increase of $5 million and an additional $1 million for non-OAA Lifespan Respite program.
- OAA Title VI: The Native American Nutrition Program (Part A) was increased by $5 million, and Part C (caregiver support) received an increase of $1.5 million.
- The Elder Justice Initiative was increased from $4 million to $8 million to support efforts for the Adult Protective Services national database.
- According to the National Center for Victims of Crime, the Omnibus will increase the Victims of Crime Act cap by $302 million for state assistance programs, including those for elder abuse.
- Community Services Block Grant received a big funding boost of $41 million, bringing its funding level to $714 million.

Tax Extenders

As noted above, the December 18 bill also included a sweeping $622 billion tax package. This permanently renews a wide range of tax provisions, also known as “tax extender,” which for years have been subject to a series of contentious short-term extensions. Senator Finance Committee Chairman Orrin Hatch (R-UT) praised the package, saying, “After years of short-term extensions, good faith bipartisan compromise prevailed.” Of particular interest to aging advocates is extension of subsidies to assist older adults with low incomes with paying Medicare premiums. The deal also made permanent the research and experimentation tax credit that assists small businesses deduct investment expenses. Many of the tax breaks have broad support, but once again, Congress chose not to pay for all of their spending and tax breaks.

Affordable Care Act Updates

As noted above, the omnibus included a policy rider to delay implementation of the ACA’s “Cadillac Tax.” House Minority Leader Nancy Pelosi (D-CA) and Senate Minority Leader Harry Reid (D-NV) had worked behind the scenes to promote delay or repeal of the tax, which, when implemented, will cut into insurance benefits for workers negotiated by organized labor as part of
collective bargaining. The 40 percent tax on high-cost employer insurance plans was set to begin in 2018. The omnibus delays implementation of the Cadillac Tax by two years.

Aging advocates should stay tuned for more potential ACA action as the federal budget process gets underway this year. At the end of 2015, the Senate (and in January, the House) approved a budget reconciliation bill that would dismantle the ACA by repealing some of the law’s major provisions through the budget reconciliation process, which requires only a simple majority of 51 votes for passage. President Obama vetoed the bill (H.R. 3762) and will veto similar bills as they reach his desk this election year.

**Patient Access and Medicare Protection Act**

On the last day of the 2015 congressional session, Congress passed the Patient Access and Medicare Protection Act (S. 2425 – P.L. 114–115). This legislation includes bipartisan Medicare provisions, including a one-year delay preventing the Centers for Medicare and Medicaid Services from restricting access to critical complex wheelchair components/accessories, which was to start on January 1. The one-year delay ensures that people with significant disabilities can continue to receive the specific technology they depend on to be functional and independent.

**Medicaid Task Force**

In November, House Energy and Commerce Committee Chairman Fred Upton (R-MI) announced the creation of the Medicaid Task Force to “strengthen and sustain Medicaid for years to come.” Health Subcommittee Vice Chairman Brett Guthrie (R-KY) will chair the new task force. To date, the task force is composed of only Republican representatives, including Upton, Marsha Blackburn (R-TN), Susan Brooks (R-IN), Larry Buschon (R-IN), Michael Burgess (R-TX), Chris Collins (R-NY), Bill Flores (R-TX), and Markwayne Mullin (R-OK).

To kick things off, Guthrie introduced the Medicaid Home Improvement Act (H.R. 1361). This legislation would cap the amount of home equity for an individual in need of long-term services and supports that would be exempted toward Medicaid qualification. This could be problematic for families living in high cost real estate markets. Other legislation has been introduced to count portions of income from annuities of the spouse living in the community as available to the institutionalized spouse. This threatens the ability of the community spouse to meet her expenses. These bills are expected to move through committee on partisan votes. As noted in GSA’s December public policy update, House Speaker Paul Ryan (R-WI) is a long-time proponent of dramatic changes to the structure of the Medicaid program. With Ryan at the helm in the House and this task force underway, aging advocates should be alert to potential action to modify the program, but a major Medicaid reform effort is more likely next Congress.

**Premium Increases under Medicare Part D**

An October 2015 study by the Government Accountability Office (GAO) states that many Medicare beneficiaries will face steep premium increases under Medicare Part D because of rising prescription drug costs. The GAO estimates that Medicare spent $20.9 billion in 2013 on doctor-administered drugs and that a quarter of those drugs cost from $51,000 to $536,000 per person annually.

**Final Rule for 2016 Medicare Physician Fee Schedule**

The CMS issued a final rule that explains the payment procedures and payment rates for services provided to Medicare beneficiaries by physicians and other health care providers in 2016. The new rule finalizes the Home Health Value-Based Purchasing model, the “Two-Midnight” rule, the End-Stage Renal Disease Quality Incentive Program, and payment for advance care planning. Based on recommendations from the American Medical Association and a wide array of stakeholders, the CMS will begin to pay for end-of-life planning to encourage advanced care counseling.

**CMS Proposed Rule on Discharge Planning**

The CMS issued a notice of proposed rulemaking to revise the discharge-planning requirement that hospitals, including long-term care hospitals and inpatient rehabilitation facilities, home health agencies, and critical access hospitals, must meet in order to participate in the Medicare and Medicaid programs. The proposed rule would implement the discharge-planning requirement of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014.

**Proposed Tax Credit to Caregivers**

In December, the Senate passed by unanimous consent the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act (S. 1719). The bill would direct the secretary of health and human services, in consultation with other agencies, to develop a National Family Caregiving Strategy and convene a Family Caregiving Advisory Council.

Former Secretary of State and presidential candidate Hillary Clinton released a proposal that would provide a tax credit to family caregivers. The plan would offer a tax credit to help family members offset up to $6,000 in caregiving-related costs associated with providing long-term care to their aging family members. Clinton also proposes expanding Social Security benefits for caregivers and creating a Care Workers Initiative to address the challenges faced by care workers.

There is also a non-partisan Family Caregiver Platform Project that has come together to get caregiving issues included in state party platforms. Details are at found caregivercorps.org.

**New Director Named for Disabled and Elderly Health Programs Group**

On January 25, Mike Nardone became the Director of the Disabled and Elderly Health Programs Group at the Center for Medicaid and CHIP Services of CMS. Nardone has held many positions in the Pennsylvania state and local government, including acting secretary of the Pennsylvania Department of Public Welfare. Nardone most recently worked as a managing principal at Health Management Associates.
Two New Issues of The Gerontologist Focus on Veterans

The February issue of The Gerontologist is branded as a special issue devoted to aging veterans, while an accompanying supplement looks at older women veterans in the Women’s Health Initiative. The supplement contains 13 articles by Veterans Affairs researchers and colleagues looking at differences in aging and mortality between veteran and non-veteran women. It can be accessed at bit.ly/VeteranWomen. The findings are from the Women’s Health Initiative (WHI), a long-term study funded by the National Institutes of Health’s National Heart, Lung, and Blood Institute and begun in 1991. The study included more than 3,700 women veterans among nearly 162,000 postmenopausal women from 40 centers across the US. WHI researchers collected data on health status, disease, health behaviors, and social and psychological factors, following the women for more than two decades. The special issue, containing 15 articles, was produced in an effort to further a scholarly, multidisciplinary dialogue about the lives of diverse groups of aging veterans and society’s accommodations to multiple generations of veterans as they move through middle and older adulthood. It can be accessed at bit.ly/AgingVeterans. The articles highlight the salient role that serving in the military has for veterans and their families. They teach the readers that wartime experiences are complex and that many hidden variables associated with wartime experiences affect the aging process.

CDC Releases Resource to Improve Antibiotic Use

New recommendations from the U.S. Centers for Disease Control and Prevention (CDC) advise all nursing homes to improve antibiotic prescribing practices and reduce their inappropriate use to protect residents from the consequences of antibiotic-resistant infections, such as C. difficile. To guide these improvements, CDC has released a new resource, Core Elements of Antibiotic Stewardship for Nursing Homes, available online at cdc.gov/longtermcare/prevention/antibiotic-stewardship.html. The Core Elements for Nursing Homes expand upon the CDC’s recommendation last year that all acute care hospitals implement an antibiotic stewardship program designed to optimize treatment of infections while reducing adverse events associated with antibiotic use. The Core Elements of Antibiotic Stewardship for Nursing Homes provide practical ways for nursing homes to initiate or expand antibiotic stewardship activities. The guide provides examples of how antibiotic use can be monitored and improved by nursing home leadership and staff. The companion checklist can be used to assess policies and practices already in place and to review progress in expanding stewardship activities on a regular basis. The Centers for Medicare & Medicaid Services (CMS) recently proposed a rule (found at 1.usa.gov/1OwXqw7) that would require long-term care facilities to incorporate an antibiotic stewardship program, including antibiotic use protocols and antibiotic monitoring, into their infection prevention and control program. According to the CMS, these requirements will decrease unnecessary or inappropriate antibiotic use by ensuring that residents who need antibiotics are prescribed the right drug at the right dose for the right duration. The release of CDC’s Core Elements for Nursing Homes is one step in achieving the objectives set out in the National Action Plan for Combating Antibiotic-resistant Bacteria. Investments to improve antibiotic stewardship across all settings are part of CDC’s Antibiotic Resistance Solutions Initiative for FY 2016.

Continued from page 1 – GSA Survey: Malnutrition Screening and Intervention Are Needed

balanced. Malnutrition can also occur when medical conditions and/or treatments limit the body’s ability to digest, absorb, or use foods.

“We know that two-thirds of older adults admitted to hospitals are malnourished,” Wellman said. “So we must identify malnutrition earlier and take steps to remedy it sooner. Malnutrition screening and intervention must become a policy priority in all aspects of health care.”

“What We Know and Can Do About Malnutrition” reported that the annual burden of disease associated malnutrition in U.S. adults 65 years or older is estimated to be $51.3 billion.

GSA’s survey data showed that 76 percent of respondents said their most common resource for information about malnutrition was a healthcare professional. However, only 17 percent of respondents stated that their physician or other healthcare provider had offered any specific diet or nutrition information during the past year. Furthermore, fewer than 10 percent of the respondents stated that they received referrals to specialists, supplemental nutrition assistance program (SNAP) benefits, meal delivery program services, or meals at a community or senior center.

The survey was e-mailed to a sample of 75,000 potential respondents from July 23 to August 3, 2015. The sample consisted of adults age 18 years or older in the U.S. Participants in this study were provided through the Harris Panel, including members of its third-party panel providers. The survey yielded a total of 1,035 responses, which included 529 responses among adults and 506 responses among family caregivers. The data were weighted to be representative nationwide by age, sex, region, education, income, and race.

The goal of the new publication is to increase awareness among the general public, researchers, educators, policymakers, and other opinion leaders about the perceptions of patients and caregivers about malnutrition – its definition, causes, impact, and prevalence in the older adult population.

“If we are serious about enabling older adults to remain independent and in their homes, we need to provide them and their caregivers with more nutrition information and services, such as nutrition counseling and meals at home and in community centers,” Wellman said. “Having enough nutritious food to eat every day is the foundation for healthy aging.”
Meet the New ESPO Executive Committee

**CHAIR**  
Jaime M. Hughes, MPH, MSW  
Jaime is a doctoral student in social work and public health, and a NIH T32 predoctoral research fellow at the University of North Carolina at Chapel Hill. Her research focuses on the role of sleep in promoting healthy aging and functional independence in older veterans. Jaime previously worked with the Greater Los Angeles VA’s Geriatric Research, Education, and Clinical Center, where she helped to design and test behavioral sleep interventions for both community-dwelling and frail older veterans and continues to collaborate with researchers at the Durham VA Medical Center. After helping to launch the ESPO Professional Development Webinar Series, Jaime said she is excited to begin her term as chair. Some of Jaime’s initiatives for 2015-2016 include: build an online library of professional development resources on ESPO Connect; continue to provide year-round professional development opportunities, including ESPO webinars and mentoring activities; increase involvement in ESPO leadership and volunteer activities; and increase involvement of ESPO international members.

**CHAIR ELECT**  
Kristen E. Porter, PhD, MS, MAC, LAc, JP  
Kristen is a postdoctoral fellow at ACRIA’s Center on HIV and Aging in New York. Her research is on resilience in sexual minority older adults and those aging with HIV. She has publications in *The Gerontologist, Research on Aging, Journal of Applied Gerontology, Behavioral Medicine, Journal of Homosexuality, Journal of Aging and Health*, and *Journal of Religion, Spirituality & Aging*. She is the founder and CEO of Zen Executive LLC, which provides executive support and fundraising for nonprofits and wellness services and retreats, and Last Rights LLC, which assists individuals in planning and experiencing a meaningful death. She said she looks forward to serving in her three-year position and working with ESPO leaders and members.

**PAST CHAIR**  
Elizabeth Hahn Rickenbach, PhD  
Elizabeth is currently an assistant professor at Saint Anselm College in Manchester, New Hampshire. Her research is focused on understanding how older adults with early stage cognitive decline adapt, manage everyday life, and cope with changes in functioning. She has been involved with ESPO for quite a few years as student paper and poster award chair, secretary, and chair. This year, Elizabeth will serve to support the committee as past chair. She is looking forward to a productive year as she works with the other ESPO leaders to execute the initiatives of the ESPO Executive Committee.

**SECRETARY**  
Kelly M. Smith, BA  
Kelly is currently a doctoral candidate in the School of Aging Studies at the University of South Florida. Her research is focused on quality and quality improvement in long term care settings. Specifically, she is interested in employing industrial-based theories (e.g., Lean, Six Sigma) to improve the quality of care in nursing homes. She is also completing a graduate certificate in total quality management from the College of Engineering at the University of South Florida to support her work in her areas of interest. Previously, Kelly has served as an ESPO representative to the Public Policy Committee and as a member of the Social Research, Policy and Practice Section Membership Committee. Kelly said she is looking forward to serving as the secretary of ESPO in the coming year.

**COMMUNICATIONS CHAIR**  
Patricia A. Fletcher, MA, MS  
Patricia is currently a PhD student in interdisciplinary studies in public policy and social change: aging studies specialization. Her intellectual work focuses on examining the effective use of mental imagery to improve cognitive abilities in dementia patients and the use of visual cues to help these individuals live in their homes safely. Patricia is a gerontologist and a professional certified marketer. She is the founder and chief strategy officer of ElderCare Buddy, a business which partners with companies to help decrease employee absenteeism and increase productivity for individuals who are juggling their careers, personal lives, and caregiving responsibilities. Patricia currently serves as vice-chair for the Charlotte-Mecklenburg Public Art Commission and a subject matter expert on aging for the Office of Minority Health - Resource Person’s Network. She said she is looking forward to adding her expertise of marketing communications to develop and implement engagements initiatives that create a bond between ESPO and its members.

**PAST COMMUNICATIONS CHAIR**  
Linda S. Park, PhD  
Linda is currently an adjunct faculty member at the University of Wisconsin-Madison. As a cultural gerontologist, her research focuses on healthy aging for immigrants, in particular, those with limited English proficiency. Linda has a strong commitment to diversity issues in gerontology and geriatrics, especially the importance of cross-cultural comparisons of the aging population both domestically and internationally. She said she looks forward to another awesome and productive year with ESPO.
acknowledgment of support

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    - **Behavioral and Social Sciences Section**
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      - Designated Fund
    - sociology
    - psychology
    - neuroscience

**The Mentoring Effect**

- **Behavioral and Social Sciences Section**
  - **Emerging Scholars Fund**
  - **Designated Fund**
    - Doris Schwartz
- **Health Sciences Section**
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Nancy Wilson  

68th Annual Scientific Meeting  
AARP  
Abbott  
Age UK  
American Federation for Aging  
Research  

Astellas*  
Glenn Foundation for Medical  
Research  
Johns Hopkins University School of  
Nursing  
LeavingAge  
Mallinckrodt Pharmaceuticals*  
McNeil Consumer Healthcare**  
National Harford Center of  
Gerontological Nursing  
Excellence  
National Institute on Aging  
New York University College of  
Nursing  
Oxford University Press  
Pfizer Inc.*  
Resource Centers for Minority  
Aging Research  
Senior Service America, Inc.  
University of Pennsylvania School of  
Nursing  
University of Southern California*  
Villanova University College of  
Nursing  
Winter Park Health Foundation  
**Gold level sponsor  
*Silver level sponsor  

Journalists in Aging Fellows  
Program  
Archstone Foundation  
The Commonwealth Fund  
The John A. Hartford Foundation  
The Retirement Research  
Foundation  
The SCAN Foundation  
The Silver Century Foundation  

Careers in Aging Week  
Association for Gerontology in  
Higher Education  
Hartford Change AGEnts Initiative  
Hartford National Center on  
Gerontological Social Work  
Excellence  
National Harford Center of  
Gerontological Nursing Excellence  

Corporate Advisory Panel  
Abbott  
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GlaxoSmithKline  
Eli Lilly and Company  
Mallinckrodt Pharmaceuticals  
McNeil Consumer Healthcare  
Merck  
Novavax  
Nutricia Advanced Medical  
Nutrition  
Pfizer  
Purdue Pharma LP  
Sanofi  

Advancing the Draft National  
Adult Immunization Plan with  
a Focus on Influenza  
Sanofi Pasteur  

Addressing the Cost of  
Obesity in America’s Aging  
Population  
Partnership to Fight Chronic  
Disease  

Cognitive Impairment  
Detection and Earlier  
Diagnosis  
Eli Lilly and Company  

From Policy to Practice: An  
Interdisciplinary Look at  
Recent FDA Policy Changes  
for Acetaminophen and the  
Implications for Patient Care  
McNeil Consumer Health  

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

OTC Sleep Aids and Sleep  
Health in Older Adults  
Pfizer  

Profiles of an Aging Society:  
What We Know and Can Do  
About Malnutrition  
Abbott  

Public Policy & Aging Report  
AARP  

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.  

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

Douglas Holmes Emerging  
Scholar Paper Award  
The RESQCARE Interest Group  

Association for Gerontology  
in Higher Education 40th  
Annual Meeting and  
Educational Leadership  
Conference  
New Mexico State University  
Pamela and Wayne Brown  
Taylor and Francis Publishers  
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America  
USC Davis School of Gerontology  
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and practice in the  
field of aging at  
www.geron.org/donate.
CALL FOR 2016 AWARD SUBMISSIONS

CAREER AWARDS

Nominations for these awards must be submitted by May 1. Self-nominations are not accepted.

SOCIETY-WIDE

Donald P. Kent Award
This award is given annually to a GSA member who best exemplifies the highest standards for professional leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society.

Robert W. Kleemeier Award
This award is given annually to a GSA member in recognition for outstanding research in the field of gerontology.

M. Powell Lawton Award
This $2,500 award honors contributions from applied gerontological research that have benefited older people and their care.

Maxwell A. Pollack Award for Productive Aging
This $8,000 award recognizes instances of practice informed by research and analysis, research that directly improved policy or practice, and distinction in bridging the worlds of research and practice.

Margret M. and Paul B. Baltes Foundation Award
This $1,000 award acknowledges outstanding early career contributions in behavioral and social gerontology.

Doris Schwartz Gerontological Nursing Research Award
This $300 award is presented to a GSA member who has a record of outstanding and sustained contribution to geriatric nursing research.

Minority Issues in Gerontology Committee Outstanding Mentorship Award
This award recognizes outstanding commitment and dedication to mentoring minority researchers in the field of aging.

Gene Cohen Creativity and Aging Research Award
This award, given in association with the National Center on Creative Aging, recognizes a professional whose research clearly shows that creative activities, particularly arts programs, can maintain and even improve the physical, emotional, and cognitive well-being of older adults.

BEHAVIORAL AND SOCIAL SCIENCES (BSS) SECTION

Distinguished Career Contribution to Gerontology Award
This award recognizes career contributions that have articulated a novel theoretical or methodological perspective or synthesis that addresses a significant problem in the literature.

Distinguished Mentorship in Gerontology Award
This award is given to an individual who has fostered excellence in, and had a major impact on, the field by virtue of their mentoring, and whose inspiration is sought by students and colleagues.

Richard Kalish Innovative Publication Award
This award recognizes insightful and innovative publications on aging and life course development in the behavioral and social sciences in two categories: (1) The Book Category; and (2) The Article Category.

BIOLOGICAL SCIENCES (BS) SECTION

Nathan Shock New Investigator Award
This award recognizes innovative and influential publications. It acknowledges outstanding contributions to new knowledge about aging through basic biological research.

HEALTH SCIENCES (HS) SECTION

Joseph T. Freeman Award
This award is given for lectureship in geriatrics to a prominent physician in the field of aging, both in research and practice.

Excellence in Rehabilitation of Aging Persons Award
This award is designed to acknowledge outstanding contributions in the field of rehabilitation of aging persons.

SOCIAL RESEARCH, POLICY, AND PRACTICE (SRPP) SECTION

Elaine M. Brody SRPP Thought Leader Award – NEW
This $500 award acknowledges outstanding career contributions in social research, policy, and practice.

Carroll L. Estes SRPP Rising Star Award – New
This $300 award acknowledges outstanding early career contributions in social research, policy, and practice.
The Gerontological Society of America recognizes outstanding individuals through a variety of awards. For a full description of nomination requirements, how to nominate, and the list of past awardees, visit www.geron.org/membership/awards or e-mail awards@geron.org.

PAPER & POSTER AWARDS

Applicants for these awards also must submit an abstract for GSA’s Annual Scientific Meeting. The deadline is March 15; visit www.geron.org/abstracts for details.

SOCIETY-WIDE

Senior Service America Awards for Research Related to Disadvantaged Older Adults
These awards, sponsored by Senior Service America, Inc., acknowledge outstanding applied research that advances understanding of disadvantaged older adults. There are two levels: (1) The Senior Scholar Level, which provides a $1,000 award given to a GSA member at least with five years after receiving a terminal graduate degree; and (2) The Junior Scholar Level, which provides a $500 award given to a GSA member within five years of receiving a terminal graduate degree.

BEHAVIORAL AND SOCIAL SCIENCES (BSS) SECTION

Student Research Awards
These awards are given for completed empirical studies dealing with a topic of relevance to GSA’s BSS Section. There are two levels: (1) The Dissertation Level, which provides a $1,000 award for an exemplary paper by a student member who received a doctorate no more than 18 months before the submission deadline; and (2) The Pre-Dissertation Level, which provides a $500 award for an exemplary paper by a student member who has yet to attain a doctoral degree.

BIOLOGICAL SCIENCES (BS) SECTION

The Austin Bloch Post-Doctoral Fellow Award
This $400 award is designed to encourage research and to foster interest among students in the BS Section to play an active role in the Annual Scientific Meeting.

George Sacher Student Award
This $500 award is given to the best student paper or poster by a GSA member from the BS Section at the Annual Scientific Meeting.

HEALTH SCIENCES (HS) SECTION

Research Award
This $1,000 award is given to a new investigator in the HS Section. It is designed to encourage postdoctoral research and encourage participation in the Annual Scientific Meeting.

Person-in-Training Award
This $500 award is given for an exemplary paper written by a student member of the HS Section.

SOCIAL RESEARCH, POLICY, AND PRACTICE (SRPP) SECTION

Outstanding Student Poster Award
This $300 award is given for an exemplary poster by a student member (graduate or undergraduate) for excellence in research as reflected in an outstanding poster presentation.

EMERGING SCHOLAR AND PROFESSIONAL ORGANIZATION (ESPO)

Interdisciplinary Paper Award
This $250 award is given for the best interdisciplinary empirical or theoretical research paper on an aging-related topic.

Poster Award
ESPO offers five awards for exemplary posters.

Douglas Holmes Emerging Scholar Paper Award
This $500 award solicits original papers that exhibit outstanding research in improving social services for the elderly in long-term care.

Minority Issues in Gerontology Committee Student Poster Award
This poster award recognizes minority ESPO members of GSA for innovative and demonstrated research focusing on issues surrounding diverse racial and ethnic population groups (Blacks, Hispanic/Latinos, Asian/Pacific Islander, Native Americans).
Continued from page 1 – Change AGEnts Tackle Challenges to Care Improvements

“In the VUCA world, change leaders have to plan, but they also have to constantly modify their plans to be effective as the sands shift and the conditions change,” Altman said.

He explained that disruptive forces around the Affordable Care Act, value-based payment and delivery models, and consolidation and mergers of health systems have created a VUCA system that Change AGEnts are working within. As such, he said this environment calls on Change AGEnts to actively manage change by stepping back, reframing an issue, and asking questions that help others see the world of possibility.

Altman told attendees they must work together to see improvement, quoting an African proverb: “If you want to walk fast, walk alone. If you want to walk far, walk together.”

The communications firm SCP spearheaded the planning and development of the conference, working with a conference advisory group and the Change AGEnts leadership team, which included representation from the John A. Hartford Foundation and GSA.

The main component of the program involved Change AGEnts working in issue groups focused around a particular topic, where participants shared challenges related to their practice and policy change efforts and identified what they most need to move their work forward. The topics included acute/hospital care; dementia care; elder justice; end-of-life/serious illness care, home and community services; institutional long-term care, and primary care.

These groups considered the broader policy issues and health care trends affecting their work and identified opportunities in the environment that could lead to action and result in large-scale improvements. At the end of the conference, the whole group came together for a closing plenary to hear and respond to reports from each issue group. A graphic recorder, Chrissie Bonner of Illustrating Progress, created real-time visual documentation of the session. From these discussions, a set of recommendations and actions are being developed to help guide participants’ work, both individually and collectively, and to help shape the future priorities and offerings of the Change AGEnts initiative and the John A. Hartford Foundation through its other grantmaking and programs.

Nancy Wilson, MA, MSW, a co-leader of the Change AGEnts Dementia Caregiving Network, said the conference had the right mix of ingredients, which she cited as “deeply committed innovators willing to share diverse viewpoints; new and informed perspectives on what leadership requires in today’s world, and structured time to step back and rethink my efforts to advance improvements in care of older adults with depression and dementia.”

Wilson said the speakers and her fellow attendees helped her examine the complexity of some of the practice change efforts with which she is involved.

“Better Care for Older People Everywhere”

“They offered new perspectives on how I can enroll other stakeholders to work with me. I emerged with renewed energy and commitment to work with others as we embrace the Irish adage shared by David Altman, ‘When you come upon a wall, throw your hat over it, and then go get your hat.’”

After the main conference ended, more than 50 Change AGEnts participated in an additional workshop on the evidenced-based Kotter’s 8-Step Process for Leading Change framework. Developed by John Kotter, DBA, of Harvard University, the Change AGEnts used this framework to develop a deeper understanding of how to overcome individual and organizational challenges and barriers to change. The workshop was planned and facilitated by Rob Schreiber, MD, a co-leader of the Change AGEnts Patient Centered Medical Home Network, and Susan Gilster, a consultant with The Gilster Group.

Kotter developed his program over four decades as he observed countless leaders and organizations trying to transform or execute their strategies. He then identified and extracted the success factors and combined them into a methodology, which the Change AGEnts used to discuss their own practice and policy change efforts and receive feedback from colleagues.

During the closing large group discussion, Gilster summarized the key discussion points. These included the need to consider the perspectives of all stakeholders in the change being undertaken, recognizing and planning for conflict that will arise during the change process, considering all potential changes and barriers that may be encountered, and recognizing that failure is going to happen. Rounding back to Altman’s opening keynote, Gilster noted that it is important when failure does occur for Change AGEnts to manage and reframe the issues to continue to move the work forward.

“A major theme of the session was that the work the Change AGEnts are doing is transformative for their systems of care,” Schreiber said. “As such, the impact of these change on others directly and indirectly needs to be acknowledged as the process evolves. This is dynamic and there needs to be a big tent to welcome others and have them own the vision that has been created and is evolving.”

Bonner captured the key points of the remarks made by Fulmer and Altman in graphic form.
Virginia Governor’s Bond Package Includes Research Partnership Expansion
Virginia Governor Terry McAuliffe recently announced a plan to issue $2.43 billion in bonds that would support, among other capital improvements, significant expansion of the Virginia Tech Carilion Research Institute. The bond package, along with the rest of the two-year budget the governor will announce in the near future, is subject to General Assembly approval. Michael Friedlander, executive director of the institute, said that research expenditures have returned a five-to-one ratio on the investment, with the establishment of 25 research teams, the world’s premiere interactive brain imaging network, the development of a rapid and precise test for autism, and new diagnostics and treatments for brain cancer, addiction, cerebral palsy, childhood infections, and sudden cardiac death. In his remarks, Friedlander touched on the Brain State Initiative, a collaboration of pioneering research programs at Virginia Tech, Virginia Commonwealth University, the University of Virginia, George Mason University, and Carilion Clinic, to address disorders of the brain. These disorders — including Alzheimer’s disease, depression, autism, traumatic brain injury, Parkinson’s disease, addiction, and post-traumatic stress disorder — cost an estimated $1 trillion a year in the U.S. alone. “As one great integrated research network, we are poised to be among the leading enterprises in the nation as we address the singular most devastating group of disorders to afflict our citizens,” Friedlander said.

Adelphi University Adds Neuroscience Program
Adelphi University has launched a new Bachelor of Science in Neuroscience, open for immediate enrollment. This multidisciplinary degree enables students to capitalize on growing research and employment opportunities in the burgeoning field of neuroscience and related areas. Students in the program will have the chance to learn from and conduct research alongside renowned psychology and biology faculty. The program offers a gateway to careers in the research industry and fields related to psychology, gerontology, biology, chemistry, physics, physical therapy, speech pathology and audiology, nursing, special education, biomedical engineering, business, and law, among many others. Adelphi’s undergraduate neuroscience degree is offered jointly by the Gordon F. Derner Institute of Advanced Psychological Studies and the College of Arts and Sciences with two areas of concentration: molecular neuroscience and cognitive neuroscience. For more information about the program, visit bit.ly/1lcLFPa.

Rand is pleased to announce the 23rd annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 11-14, 2016. The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 11-12) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 13-14). 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 2016 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 Employer Minorities/Females/Vets/Disabled
Ireland’s Pension Receives Dire Prediction from Actuaries

“The state pension system is unsustainable in its current form but there is no easy solution to improve its sustainability,” was the key finding of a new report commissioned by the Society of Actuaries in Ireland, and Public Policy.ie. Milliman, an actuarial consulting firm, was tasked with researching and analyzing the sustainability of the state pension in Ireland, with a view to informing debate and public policy decisions. Milliman concluded that the state pension is not sustainable in its current form and would need revision in order to make it sustainable. Milliman’s analysis provides insights into how various aspects of the state pension system could be varied to reduce future costs and improve sustainability. Some of the options considered, if implemented in isolation, could greatly undermine the objectives of the state pension, particularly in relation to its role in limiting poverty in retirement. As a result, steps needed to achieve sustainability may also necessitate other measures, such as facilitating other means of retirement income. The full report is available at https://web.actuaries.ie/news/15/12/financial-sustainability-state-pension-ireland.

Older Adults Living with HIV Has Risen Globally

In recognition of World AIDS Day on December 1, HelpAge International shared some new statistics, saying a fast-track approach is needed to address the rapid ageing of the AIDS epidemic and the needs of people living with HIV in older age. The organization indicated that in the last three years alone, the number of people in the world aged 50 and over living with HIV has risen from 3.6 million to 5.5 million. With antiretroviral treatment leading to a reduction in AIDS related deaths, people are living longer, and HIV is fast becoming a chronic condition. “HIV services are still not equipped to address the needs of older people and need to be more integrated in care systems for other chronic diseases,” said Rachel Albone, health and care policy advisor at HelpAge International. “What is needed now are clear strategies to target older people with appropriate services, supported by an enabling national policy environment, specific commitments, targets and budgets.” Global efforts have resulted in close to 16 million people having access to life-saving HIV treatment — double the number in 2010. New HIV infections have been reduced by 35 percent since 2000 and AIDS-related deaths have fallen by 42 percent since the peak in 2004, according to HelpAge International.
Funding Opportunities

Glenn/AFAR Postdoctoral Fellowship Focuses on Translational Research

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 encourage and further the careers of postdoctoral fellows. Currently, postdoctoral fellows at all levels of training are eligible. Up to ten one-year fellowships will be awarded. The award levels range from $49,000 to $60,000, based on years of relevant experience. The program was developed 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. Translational research on aging is a systematic effort to convert basic research knowledge into practical applications that are directly relevant to human aging and healthspan. This type of research aims to bridge the gap between findings in biomedical research to clinically-relevant findings, treatments, diagnostics and prevention. The deadline for all letters of intent is March 3. Full details about this opportunity can be found at afar.org/research/funding/glenn-postdoc/.

Federal Monies Slated for Animal Model Research

A funding opportunity announcement issued by the National Institutes of Health with the National Institute on Aging and the National Institute on Deafness and Other Communication Disorders, is aiming to promote research that develops, characterizes, refines, and enhances model systems for aging research. Studies of the biology of aging require biological models systems such as rodents and cell lines. No human studies are involved. Studies using inbred and hybrid strains of rats and mice have made significant contributions to the foundation of biology of aging. However, to maximize the return for aging research, a broader array of model systems needs to be explored, in order to identify and understand the diverse sources of functional decline with age. Studies developing new model systems or refining existing models to maximize their value for aging research will contribute to the understanding of normal changes in physiology and function with age and the onset, progression, therapeutics and prevention of age-associated diseases. The objective of this research program is to enhance the biological resources and tools available to the research community for the study of the biology of aging. The next available due date is June 5. Further information can be found at 1.usa.gov/1SRngMP.

Officer Candidates Unveiled for 2016 Elections

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 1. 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.

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Has provided outstanding contributions to the field of gerontology?

Work can include but is not limited to:

• Academic
• Administration
• Clinical or Other Practice
• Public Service
• Public Policy

Nominate your peers to become a GSA fellow, the highest class of membership within the Society.

QUESTIONS?
ASK A FELLOW ON GSA CONNECT

Nominations accepted until February 15. Visit www.geron.org/fellows for details.