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Meeting Attendees May Need Absentee Ballots
Election Day in the U.S. falls on November 4 this year and GSA’s Annual Scientific Meeting takes place from November 5 to 9. However, because many attendees need to arrive early for pre-conference and governance activities, GSA is urging individuals to plan ahead for their voting, which may necessitate the use of absentee ballots.

The Gerontologist Seeks Book Review Editor
The Gerontologist is welcoming nominations and/or self-nominations for the position of book review editor. The successful candidate will have full responsibility for selecting books to review, identifying reviewers, and ensuring that there are at least two book reviews in each issue. The term would begin January 1, 2015. For nominations, provide name and contact information, or for self-nominations, send a brief letter of interest outlining your experience, your C.V., and a writing sample to tg@geron.org. All nominations and materials are due by July 31. For further details, contact Editor-in-Chief Rachel Pruchno, PhD, at pruchnra@rowan.edu.

Collins Tapped as Meeting Keynote; Registration Opens
Francis S. Collins, MD, PhD, the director of the National Institutes of Health (NIH), has been selected to deliver the keynote address for the President’s Opening Plenary Session at GSA’s Annual Scientific Meeting in November.

Aside from overseeing the world’s largest supporter of biomedical research, Collins is a physician and geneticist noted for his landmark discoveries of disease genes and his leadership of the international Human Genome Project, which culminated in April 2003 with the completion of a finished sequence of the human DNA instruction book. He served as director of the National Human Genome Research Institute at the NIH from 1993 to 2008.

“I am honored to speak before such a unique and diverse group of scientific minds,” said Collins. “The issues facing our aging population require solutions from the best and the brightest and I know the membership of GSA is up to the task.”

Before coming to the NIH, Collins was a Howard Hughes Medical Institute investigator at the University of Michigan. He is an elected member of the Institute of Medicine and the National Academy of Sciences, was awarded the Presidential Medal of Freedom in 2008.

Carr Selected as Next Social Sciences Editor
GSA has named Deborah Carr, PhD, of Rutgers University as the next editor of The Journal of Gerontology: Social Sciences, effective January 2015.

“We could not ask for a more qualified and creative addition to GSA,” said Luigi Ferrucci, MD, PhD, chair of GSA’s Publications Committee. “The readers of the journal know her because of her outstanding work on how work history and family experiences affect psychological well-being over the life-course. I expect that under her leadership, the journal will grow even stronger than it is now and expand greatly this very important area of research.”

The Journal of Gerontology: Social Sciences, published as part of The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences by Oxford Journals on behalf of GSA, contains peer-reviewed articles dealing with aging issues from the fields of anthropology, demography, economics, epidemiology, geography, political science, public health, social history, social work, and sociology.

“It is an honor and privilege to serve as editor of this prestigious journal,” said Carr, a GSA fellow. “With the rapid growth of the older population worldwide, the high quality research published in the journal is more important and influential than ever.”

At Rutgers University, Carr is a professor and the chair of the Department of Sociology and a faculty member at the Institute for Health, Health Care Policy and Aging Research. She also has a secondary appointment as faculty at the School of Social Work. Carr is a life course sociologist whose research interests focus on...
From the Executive Director

Destination DC: Act Now for a Capital Experience

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

There’s no time to waste in planning for November’s Annual Scientific Meeting! We’re getting an earlier start than usual this year — the conference dates are November 5 to 9 — and there’s a lot of news to share. Registration is now open for early-bird discounts, reduced hotel rates are available for booking, the abstract notices have been sent, and at press time, GSA is about to begin accepting abstracts for the Late Breaker Poster Session (with a due date of September 9).

The Society will offer a lot of unique meeting content to look forward to. We’re gathering in the nation’s capital during the week of Election Day, so the sessions in our annual Policy Series will be heavily focused on its outcomes. (As we remind you on the front page, you may need to vote using an absentee ballot if you will arrive before the meeting’s official start.) The policy team is even planning a free pre-conference workshop titled “Education and Advocacy: If You Don’t Do It, Who Will?” With Congress making tough decisions on how to fund research, health, education, and social services programs, researchers need to step forward and advocate for research funding and other aging programs that make a difference in the lives of older adults.

Also on our pre-conference day on November 5, former GSA President Leonard Hayflick and biologist Walter Bortz are co-organizing an international meeting titled “The Second Law of Thermodynamics and the Etiology of Biological Aging.” Sponsored by The Glenn Foundation for Medical Research, its premise is that the fundamental causes of aging occur at the molecular level.

And GSA will again convene a Global Aging Forum, which has now been moved to the start of the meeting this year. Under the title “Creating Linkages through International Collaboration,” this day-long event will highlight work in progress between researchers in Turkey and the U.S., large-scale elder residential communities in China, a newly formed research network in Mexico, and a multinational research effort related to age-friendly communities.

Readers may also remember from the February issue of Gerontology News that the National Institute on Aging awarded GSA a grant to support Biological Sciences Section programming at the meeting for the next two years. These sessions are expected to raise awareness of recent fundamental advances in the understanding of aging biology and facilitate translation into clinical interventions.

Our keynote speaker, as highlighted in one of this month’s cover stories, is Francis Collins, MD, PhD, director of the National Institutes of Health. As a physician/geneticist, he gained renown for his work on the human genome and now oversees the work of the largest supporter of biomedical research in the world, spanning the spectrum from basic to clinical research. From these experiences, he is truly qualified to reinforce our meeting theme, “Making Connections: From Cells to Societies.”

Our headquarters hotel for the meeting is the Marriott Marquis Washington, DC, which is where some of our sessions will take place, along with the adjacent Walter E. Washington Convention Center. The Marriott is brand new, having just opened in June. We’ve also secured discounted lodging rates at four other nearby properties. In order to continue providing the most value to attendees, we ask you help GSA meet its contractual obligations through your patronage of one of the five official hotels.

All the information you’ll need for the meeting is at www.geron.org/2014, where you can register, submit a late-breaker poster, take advantage of hotel and travel discounts, and discover the value you and 4,000 colleagues will find in Washington, DC.

James

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In Memoriam

GSA Fellow Rodney M. Coe, PhD, passed away at age 80 on March 14. He received his doctorate in sociology from Washington University in St. Louis in 1962 and stayed on the staff until he moved to Saint Louis University, where he joined the Department of Community Medicine. He remained there until he retired after 29 years, serving for the last 10 years as Department Head. Over the course of his career, Coe received 20 research grants, and from that work wrote or edited 22 books and published 72 journal articles. Among Coe’s books are landmark volumes that helped to frame the nascent fields of medical sociology. In 1996 Coe received the Leo G. Reeder Award from the Medical Sociology Section of the American Sociological Association, its highest honor. Rodney championed the role of medical sociology and its value in other professional societies, and carried that fight into important levels of the federal government. Coe served as GSA secretary, and was twice a co-chair for the Annual Scientific Meeting’s Program Committee.

New Publications by Members

- “Long-Term Care Administration and Management: Effective Practices and Quality Programs in Eldercare,” edited by GSA Fellow Darlene Yee-Melichar, EdD and Cristina M. Flores, PhD, RN, and Edwin P. Cabigao, PhD, RN. Published by Springer Publishing Company, 2014.
- “Latinos in an Aging World: Social, Psychological, and Economic Perspectives,” by Ronald Angel, PhD, and GSA Fellow Jacqueline Angel, PhD. Published by Routledge, 2014.

Members in the News

- On May 2, GSA Fellow Michael Vitiello, PhD, from the University of Washington was interviewed by EGP News online for a piece titled “Experts Warn Sleepless Seniors Oversuing Store Drugs, But Can Find Help.” The article discussed the danger of over the counter sleep aids used by older adults.
- The work of Lori Thomas, PhD, was covered in The Charlotte Observer article “Study: Charlotte’s Apartments for the Homeless Save Money” and The Huffington Post article “Housing the Homeless Not Only Saves Lives—It’s Actually Cheaper than Doing Nothing.” Both pieces, published in March, discussed a study led by Thomas that concluded tenants were happier and healthier in housing, which also saved taxpayer money.
- The Wall Street Journal published an online piece titled New Technologies to Help Seniors Age in Place on June 2. Cathy Bodine, PhD, was quoted discussing how age-friendly technologies must match up with the cultural ethics of the population.

Member Spotlight

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

Jung Ko, MS
Visit www.geron.org/Membership/member-spotlight to ask questions and read previous interviews.

Colleague Connection

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

Brown Appointed to UAB Director’s Post
GSA Fellow Cynthia J. Brown, MD, MSPH, an associate professor of medicine, has been chosen to serve as director of gerontology, geriatrics, and palliative care at the University of Alabama Birmingham (UAB). This division was established in 1984 and is dedicated to helping aging individuals and patients with advanced or life-threatening illness attain their greatest productivity and the highest possible quality of life through innovative research, education and clinical care. Brown became director of the division’s Geriatric Medicine Section and in 2013 she became interim director of the division when the founding director, GSA Fellow and 2013 Donald P. Kent Award winner, Richard Allman, accepted the position of chief consultant for geriatrics and extended care for the Department of Veterans Affairs. Over 10 years that Brown has served on UAB faculty, she has also won teaching awards, and is principle investigator for the federally funded UAB Geriatrics Education Center.

Wu Awarded Distinguished Professorship
GSA Fellow Bei Wu, PhD, was honored with the Pauline Gratz Professorship of Nursing at Duke University. She began her professorship on July 1. She is the director for international research at the School of Nursing and a member of the Global Health Institute, and is also a senior fellow at the Center for the Study of Aging and Human Development. Wu is an expert in China’s long-term care policy and system development. She has worked closely with several schools of public health and schools of nursing in China on educational and research initiatives, such as conducting joint research projects, providing lectures, making presentations, and organizing professional conferences/training workshops.

Regnier Wins Second Fulbright Award to Study Design for Aging
Victor Regnier, FAIA, a professor with a unique joint appointment at the University Of Southern California School Of Architecture and the USC Davis School of Gerontology, is travelling to Portugal for his second Fulbright Research Award studying housing and community settings for an aging population. This fall, Regnier will be lecturing at the Catholic University of Portugal at Viseu on housing design and policy, and the need for non-institutional purpose-built housing for frail seniors. In the spring, he will work with design studio students on housing projects that take mental and physical impairments of the elderly into consideration.
Midyear Congressional Assessment Reveals Progress on Few Fronts

As Congress prepares for its summer recess, it’s a good time to take a look back at the legislative activity that took place since the beginning of the year. Below I discuss some of the bills that have been put before the House and Senate to date.

The Affordable Care Act: Reform? Repeal? Replace?

Even I, one who loves a good policy argument, have grown weary with the “debate” over the Affordable Care Act (ACA), the multiple votes to repeal it, the unending political sideshow, and the sad reality that many of our fellow Americans simply do not support ensuring that all of their neighbors have health care coverage. So, the ACA update will be brief:

- The initial 7.1 million people signing up for benefits exceeded the original projections made by the Congressional Budget Office for the six-month open enrollment period. The enrollment number grew to 8 million Americans on April 15, the last day people were allowed to enroll if they had experienced technical problems while signing up.
- The end of the enrollment period was also marked by the resignation of Health and Human Services Secretary Kathleen Sebelius. President Barack Obama’s nomination of Sylvia Mathew Burwell, director of the White House Office of Management and Budget, pleased Senate Republicans, who subsequently helped to confirm her.
- Many Republican candidates continue to call for repeal of the law during this election season, but it will not be repealed during the Obama term and one can only hope that at some point there may be a better climate for replacing parts of the law that are not working.

Sustainable Growth Rate

Think of the sustainable growth rate (SGR) legislation as one of the few health care legislative trains leaving the station this year. A lot of folks wanted to get their non-SGR legislation a ticket. So permanently repealing the SGR (the way we pay physicians under Medicare) has been one of the main objectives of Congress this year, but it has failed. The House and Senate passed and the president signed a one year fix, leaving many players on the station platform waiting for the next train. So for the 17th time in 11 years, Congress and the president approved a temporary fix (12 months) to this long-term problem. There is a long-shot that Congress will take this up again after the elections, but the election outcomes will determine who has the incentive to do that.

Medicare Bills

Medicare has its share of dedicated legislation this Congress but it seems that how much support a bill has will probably not influence its fate. The Improving Access to Medicare Coverage Act of 2013 introduced by Senator Sherrod Brown (D-OH) and by Representative Joe Courtney (D-CT) as S. 569 and H.R. 1179 is one such measure. This bill would allow hospital “outpatient observation status” days to count toward the three-day inpatient hospital stay required for coverage of skilled nursing facility services. The bill has garnered the support of 144 cosponsors in the House and 25 cosponsors in the Senate. The next big hurdle is to find a health-related legislative vehicle to use to pass it through Congress. During a lame duck session, there are not a lot of potential legislative vehicles. Bills like this that cost a good bit of money need to find an omnibus package that includes savings that can be used to offset their cost.

The Medicare Transitional Care Act of 2014, H.R. 4762, was introduced by Representative Earl Blumenauer (D-OR) and Representative Tom Petri (R-WI). This bill would support and coordinate care for Medicare beneficiaries as they transition from the hospital to their homes or other care settings and ensure that appropriate follow-up care is provided during this vulnerable period. The Robert Wood Johnson Foundation has estimated that poor care coordination and insufficient management of care transitions result in avoidable complications and unnecessary hospital readmission amounting to $25 to $45 billion per year.

Advanced Illness and End-of-Life

Issues of advanced illness care and end-of-life are back on the agenda this Congress and there is bipartisan support. Aging and health stakeholders are re-engaging and members of Congress seem ready to move beyond the misinformation about death panels.

In the House, Blumenauer has introduced the Personalize Your Care Act, H.R.1173, which would promote the use of physician orders for life-sustaining treatment and educate patients about advance directives. Representative Eliot Engel (D-NY) introduced the Palliative Care and Hospice Education and Training Act, H.R.1339, to provide grants for palliative care and hospice education centers. In the Senate, Senators Mark Warner (D-VA) and Johnny Isakson (R-GA) introduced the Care Planning Act, S.1439, that would give people with serious illness the freedom to make more informed choices about their care, and the...
power to have those choices honored. Senators Chris Coons (D-DE) and Tom Coburn (R-OK) proposed the Medicare Choices Empowerment and Protection Act, S.2240, which would allow for a one-time payment of $50 or $75 for each eligible Medicare beneficiary that adopts a certified advance directive and registers it.

Recently, the Senate Special Committee on Aging brought more attention to the issues by holding a roundtable discussion on the role of health care providers in advance care planning (see the committee website). Unfortunately, bills in the Senate and House are unlikely to move this year but measurable progress has been made and bipartisan policy opportunities exist for the next Congress.

In March, the CMS Innovation Center (CMMI) launched the Medicare Care Choices Model. The Centers for Medicare and Medicaid Services (CMS) stated that the CMMI project would “provide a new option for Medicare beneficiaries facing terminal illness to receive palliative care services from certain hospice providers while concurrently receiving services provided by their curative care providers.” The CMS will evaluate whether providing hospice services can improve the quality of life and care received by Medicare beneficiaries, increase patient and family satisfaction, and reduce Medicare expenditures.

**Older Americans Act**

Reauthorization of the Older Americans Act (OAA) remains in serious doubt with a stalemate on the Senate side over how to modify the funding formula used to allocate grants to states and very little activity on the House side. In fact, most pundits believe the House will not move forward with a bill until the full Senate acts.

You may recall that In October 2013, the Older Americans Act Reauthorization Act of 2013, S. 1562, was passed by the Senate Committee on Health, Education, Labor and Pensions (HELP). Not much has happened since. In recent meetings with staff of the leadership of the HELP Committee, there were words of hope, but little in the way of a description of how this bill will be able to move forward without significant compromise from one side or the other.

The aging network is now implementing a renewed advocacy effort to push Congress to pass the bill this year, but without taking sides on how or if the funding formula should be changed.

**Veterans Affairs**

In response to the recent Department of Veterans Affairs (VA) mismanagement and deception scandal, Senate Veterans’ Affairs Committee Chairman Bernie Sanders (I-VT) and Senator John McCain (R-AZ) introduced a comprehensive legislative package to address the “reprehensible” behavior by VA officials and to correct underlying problems regarding access in medical care.

Subsequently, the Senate approved (93-3) the bipartisan Sanders/McCain bill aimed to address delayed care at VA health centers across the country. The bill would allow the VA to contract with private providers to help meet veterans’ medical care needs and allow the VA to use $500 million of its current budget to hire more medical staff. In addition, the bill would allow the VA secretary broader authority to fire or demote senior employees for low job performance. According to the Congressional Budget Office, the bill is estimated to cost $50 billion annually. The House unanimously passed a similar measure, and lawmakers will consolidate the bills into a single unified measure. The pressure continues with a recent 119-page report issued by Coburn, which describes “a culture of crime, cover-ups, incompetence and coercion at the already-embattled Department of Veterans’ Affairs.” It has also been reported that the VA has paid out $845 million for medical malpractice since 2001.

**Appropriations, Sequestration Ahead**

The appropriations process began this year with great hopes and talk of completing all of the twelve bills this summer, but recent activities and the potential for bills being used for political messaging appear to be endangering the process. However, there were some positive signals from the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, which sees the need to increase funds for the National Institutes of Health and allocated $30.4 billion, an increase of $605 million.

Most OAA programs remain at their post-sequester levels. Both the nutrition programs and the Senior Community Service Employment Program maintained last year’s small funding boost.

The President’s FY 2015 budget proposed $25 million in first-time discretionary funding for the Elder Justice Initiative. These funds will be used to implement a national adult protective services data system, research to translate promising interventions from other violence prevention areas to elder abuse, and evaluate the effectiveness of the intervention. The subcommittee included $10 million for FY 2015 for this new Elder Justice Initiative.

It comes as no surprise to us that the nation faces a shortage of geriatric health care professionals. With this in mind, the Senate bill included $34.237 million to Title VII Geriatric Program, a 2.7 percent increase over the FY 2014 level. This is not the level the geriatric centers and others have sought but it is a positive step forward. The subcommittee allocated $4.350 million to the Comprehensive Geriatric Education Program under Title VIII, unfortunately, a 0.3 percent decrease in funds from the FY 2014 funding level.

In other related news, The Health Resources and Services Administration announced the creation of a new Bureau of Health Workforce. This new bureau will integrate the programs previously housed in the Bureau of Health Professions and the Bureau of Clinician Recruitment and Services. Rebecca Spitzgo has been selected to lead the new bureau.

In the House, the process for the Labor, Health and Human Services, and Education bill will likely be delayed until after the July 22 runoff for the Georgia Senate Republican primary, in which Subcommittee Chairman Jack Kingston (R-GA) is competing. Earlier in the year, House appropriators allocated $1 billion less than in the Senate budget.

Looking ahead, the longer the delays the more likely we will see another continuing resolution to keep government going beyond September 30, which is the end of the 2014 fiscal year. Beyond that, sequestration from the Budget Control Act of 2011 will resume in FY 2016.
The National Hartford Centers of Gerontological Nursing Excellence (NHCGNE), located at GSA, has announced $1.2 million in awards to the latest cohort of Claire M. Fagin Fellows and Patricia G. Archbold Scholars studying gerontological nursing in academic settings across the U.S.

Five Claire M. Fagin Fellows will each receive up to $120,000 to support post-doctoral research training, mentorship, leadership and career development. Six Patricia G. Archbold Scholars will receive grants of up to $100,000 to support their doctoral training and launch careers in academic gerontological nursing; one-third of these scholars are members of an underrepresented minority group.

Since 2000, the NHCGNE has had the generous backing of the John A. Hartford Foundation, augmented with monies from The Atlantic Philanthropies and the Mayday Fund. These partners have invested over $80 million in national efforts to build academic gerontological nursing capacity through their support. The initiative has supported 251 predoctoral and postdoctoral nursing scholars who have stimulated excitement about the field among nursing students and practicing nurses. They are the leaders who will shape future care for older persons.

“This program contributes towards important recommendations of the Institute of Medicine’s report on the future of nursing that the nation provide more leadership training and opportunities for nurses and that we increase the number of doctorally prepared nurses,” said NHCGNE Executive Director J Taylor Harden, PhD, RN, FAAN. “These highly skilled scholars are deeply committed to improving health care for aging patients.”

Continued from page 1 – Collins Tapped as Meeting Keynote; Registration Opens

November 2007, and received the National Medal of Science in 2009.

GSA President Rosemary Blieszner, PhD, said she looks forward to welcoming Collins to the meeting.

“In planning for the opening session, my goal was to identify a speaker who could address the interests and concerns of all GSA constituents and from whom all GSA members could learn,” Blieszner said. “Dr. Collins is well-suited to this task. Following his work on disease genes and the Human Genome Project, as head of the NIH he has supported basic and applied research in aging and has participated in meetings of the Friends of National Institute on Aging, of which GSA is a member organization.”

GSA’s Annual Scientific Meeting will take place from Wednesday, November 5, to Sunday, November 9. Collins’ talk will take place on the afternoon of Thursday, November 6. All meeting sessions will take place at either the Walter E. Washington Convention Center or the adjacent Marriott Marquis Washington, DC. Early-bird registration rates will be available until September 9; GSA has secured discounted lodging rates at the Marriott and four other nearby properties. Abstracts for the Late Breaker Poster Session will also be accepted until September 9.
Scholars Emerged: Transition from Student/Postdoc to Junior Faculty

Thanks are given to Melinda Heinz, PhD, and Tiffany Washington, PhD for serving as the primary authors of this month’s column.

Doctoral students and postdocs desiring to secure tenure-track positions spend their final year balancing dissertation writing or independent research with preparing cover letters, research statements, teaching portfolios, and traveling for job talks. Here is a little secret: the research, teaching, and service demands of junior faculty in tenure-track positions will greatly exceed your current demands. Thus, it behooves you to consider ways to successfully transition from doctoral student or postdoc to junior faculty member. In this column, we offer six strategies for easing the transition into your new role.

Talk to Your Mentor: To obtain a realistic glimpse into faculty life, an honest discussion with a mentor is a good place to start. We were fortunate to have mentors whose open mentoring style and guidance prepared us for the realities of academia. A mentor can offer strategies for a successful transition, and serve as a sounding board if you encounter roadblocks.

Take Advantage of Fellowships: Consider pursuing fellowships designed to prepare individuals for careers in academia by exposing them to the responsibilities of faculty members (e.g., Heinz was a Preparing Future Faculty Fellow at Iowa State University and Washington was a Future Faculty Fellow at the University of North Carolina at Chapel Hill). These and similar fellowships connect doctoral students and postdocs to mentors who can offer feedback on job market documents, conduct mock interviews, and offer tips for negotiating offers. Additionally, the fellowships may offer teaching seminars, workshops consisting of faculty panels from various types of institutions (e.g., R1, private, small liberal arts), and connect individuals to an interdisciplinary cohort of future faculty.

Use Your Summer Wisely: Typically, new positions start in the fall semester, and you will hit the ground running on day one. The summer prior to your start date is an opportunity to get a jump start on important tasks such as course preparation. In addition, it is a good strategy to fully prepare manuscripts and submit them to journals during the first month at your new institution. Navigating the campus, service obligations, and teaching commitments can be barriers to writing. This approach will buy some time to conceptualize and write manuscripts to submit in the subsequent year.

Expect the Unexpected: Even with start-up funds, you should anticipate the possibility of your department having limited resources for research and teaching support. This reality is challenging for new faculty hoping to establish a research agenda or engage in professional development activities. Learn how to do more with less, and think creatively about ways to obtain resources and pilot funding. In addition, do not underestimate the time required for academic advising and mentoring students. To ease the burden, we recommend limiting your meeting time with students to thirty minutes, and require them to attend meetings prepared (e.g., students should draft their upcoming semester’s schedule in advance). Also, take advantage of websites and smartphone apps for scheduling. For example, youcanbook.me allows students to schedule advising appointments electronically, and cuts down on multiple e-mails and phone calls.

Keep Doing What Works: Chances are you developed useful time management and writing techniques to successfully complete your dissertation. Some of those same techniques can be refined and used in your new position. For example, although our responsibilities are different from our graduate school days, we still find it necessary to start each day by writing a list of goals and tasks and prioritize our time accordingly. Admittedly, it is difficult to devote time each day to scholarship, but we try to carve out a few minutes to an hour or more for this important task. Whether you land a job at a research-intensive or teaching institution, you lose some of the protected research time you had as a doctoral student or postdoc. Finally, we found it useful to plan our first year by keeping our eyes on where we want our careers to be in the next three (i.e., third year review), five (i.e., tenure review), and twenty years.

Use Your Social Networks: As gerontologists, we understand the role social networks play in the lives of older adults. We actively reach out to our social networks for social support (e.g., graduate school peers, dissertation or postdoc mentor, Hartford fellows). This strategy has allowed us to remain actively involved in research. An e-mail or phone call to ask questions, receive feedback, or discuss daily stressors is helpful. Also, make an effort to create a social network at your new institution by establishing relationships with research institutes and scholars with similar interests. This strategy may result in research collaborations or learning new teaching techniques.

In closing, there is a great deal of newness and adjustment associated with the transition. As you complete your final year, we hope the above strategies will contribute to a smoother transition, and we wish you success in the process.

Melinda Heinz, PhD, is an assistant professor of psychology at Upper Iowa University. She completed her graduate studies in 2013 at Iowa State University in the Human Development and Family Studies Department. Tiffany Washington, PhD, is an assistant professor of social work at the University of Georgia. She completed her graduate studies in 2013 at the University of North Carolina at Chapel Hill.
Inflammation in Older Adults

The National Institute on Aging (NIA) has issued a funding opportunity announcement designed to support research that addresses disparities in aging and health, including preclinical, clinical, and behavioral studies. Health disparities are differences in the incidence, prevalence, mortality, burden of diseases and life expectancy that exist among population groups in the U.S. The NIA is interested in basic research on aging to explore the social, behavioral, neural, and biological mechanisms that account for disparities in age-related change; in research that investigates contextual, social and cultural influences that delay or accelerate health disparities in aging populations; and research on geriatric conditions where disparities emerge in diagnosis, prognosis and/or treatment, including palliative and end-of-life care. Health disparities mechanisms of interest include, but are not limited to, race, ethnicity, education, residential segregation/geography, and socioeconomic status. Applications are due August 4. More information can be found at 1.usa.gov/1pQyROM.

Geriatrics Fellowships Create U.S.-China Linkages

The Milstein Medical Asian American Partnership Foundation (MMAAP) is accepting applications for three geriatrics fellowships. The mission of the MMAAP Foundation is to improve world health by developing mutually beneficial partnerships between the U.S. and China, as well as greater Asia. The Irma and Paul Milstein Program for Senior Health Fellowship Award will provide support for one year of training at a prominent sponsoring institution in the U.S. for three scholars in geriatrics from China. The MMAAP Foundation will be providing the sole support for these initiatives. The aim of this program is to build enduring partnerships between the U.S. and Asia through training of future Chinese academic leaders and to encourage long-term collaborations between the two regions. The award will provide support for the fellow in the amount of $60,000 accompanied by a grant of $25,000 to the sponsoring U.S. institution. The deadline for applications is November 1. The award will be announced in January 2015 with funding available in early 2015. Visit bit.ly/1qs6rsl for further details.

Grant to Examine Aging/Cancer Interface

The National Institute on Aging and National Cancer Institute have teamed up to issue a grant opportunity that encourage translational research proposals in the overlapping areas of human aging and cancer, linking basic and clinical research relevant to the care of older cancer patients through both bench-to-bedside and bedside-to-bench approaches. Ultimately, information from the research supported by this initiative should improve the health and well-being of older patients at risk for, or diagnosed with, cancer and decrease the functional impairment and morbidity associated with cancer in this population. The next application deadline is in October. For more information, visit 1.usa.gov/1m5ZTNX.
A new article on vaccines and older adults is available on GSA’s National Adult Vaccination Program (NAVP) site at navp.org. This paper, “Health Benefits of Vaccines for Older Adults and Recommendations for Improving Older Adult Immunization Rates,” was authored by is written by GSA Fellows and NAVP Workgroup member, Barbara Resnick, PhD, CRNP FAAN, FAANP. Resnick was invited to author the paper for a quarterly newsletter of the National Center for Health and the Aging.

CDC Offers Tools, Data for Physical Activity Among Adults with Disabilities
New data published in the monthly “Vital Signs” report from the U.S. Centers for Disease Control and Prevention (CDC) shows that most adults with disabilities are able to participate in physical activity, nearly half of them do not do so. It is also reported that only 44 percent of adults with disabilities who visited a doctor in the past year were told by a doctor to get physical activity. Adults with disabilities however, were 82 percent more likely to be physically active if their doctor recommended it. The Vital Signs series was launched in 2010. It offers recent data and calls to action for important public health issues, as well as a graphic fact sheet and website, a media release, and social media tools. For more information, visit www.cdc.gov/vitalsigns/disabilities.

AARP Public Policy Institute Prepares Livability Reports
The AARP Public Policy Institute (PPI) is planning a set of livability reports and is developing an AARP-sponsored index to measure community livability across the U.S. This follows the release of two reports, “What Is Livable? Community Preferences of Older Adults” (bit.ly/1fAOBw6) and “Is This a Good Place to Live? Measuring Community Quality of Life for All Ages” (bit.ly/1nZk2Wc). These works also includes findings from an individual community preference survey of older adults. General findings about the population aged 50 and older revealed that most of the 50+ population want to age in their homes and communities and the importance of proximity to community elements varies greatly. The goal of this work is to quantify the degree to which a community has the elements that are necessary to meet individual needs regardless of a person’s age, income, physical ability, ethnicity, and other factors.

Home Care Assistance Offers Free Healthy Longevity Webinar Series
Home Care Assistance has added a new entry to its Healthy Longevity Webinar Series, which brings experts from a diverse spectrum of health and wellness fields in an engaging and informative format. Various forms of dementia and caregiving tips were presented during the most recent webinar. The webinars are offered free as part of the organization’s education initiative, through which it provides information and resources around topics related to aging, wellness, and quality of life. The premise driving their webinar series is that individuals who are well-informed will make better health decisions, become active partners with their healthcare professionals in promoting their own health and encourage loved ones to also engage in healthy lifestyle behaviors. To download this and previous webinars, go to homecareassistance.com/webinar-series/.

Alzheimer's Association Partnership Generates Community Resource Finder
CareLike LLC and the Alzheimer’s Association have announced the launch of a new online resource tool, Community Resource Finder. The Alzheimer’s Association community now has access to over 270,000 listings for local care resources and services through a highly functional and sophisticated online search portal. CareLike is working with the Alzheimer’s Association to invite local care providers to profile their services and update their contact information, Innovative functionality such as sophisticated mapping features and ability to search for specific memory care services, make it a quick and easy tool to locate information. The partnership between CareLike and the Alzheimer’s Association comes in response to the growing number of Alzheimer’s and dementia patients who require specialized care. For more information on the Community Resource Finder, visit www.alz.org/crf.

NIHSenior Health Offers New Resource to Help Older Adults Stop Smoking
The National Institutes of Health (NIH) has released a new web resource to help older adults stop smoking. Quitting Smoking for Older Adults, a new topic from NIHSeniorHealth, offers videos, worksheets, interactive features, strategies, quizzes, and more for older smokers who want to or are thinking of quitting. Quitting Smoking for Older Adults joins a roster of research-based health topics geared toward older adults, including exercise and physical activity, long-term care, safe use of medicines, and management of diseases such as stroke, diabetes, osteoporosis, and Alzheimer’s disease. NIHSeniorHealth, a joint effort of the National Institute on Aging and the National Library of Medicine, is designed to be senior friendly and tailored to the cognitive and visual needs of older adults. The short, easy-to-read segments of information, large print, opened captioned videos, and simple navigation make the information on the site easy for older adults to find, see, and understand. To access this resource, visit 1.usa.gov/UIigzS.
Sons Account for 40 Percent of South Korean Elder Abuses

According to an article that was published in The Hankyoreh on June 18, 40 percent of older adults in South Korea that suffered from elder abuse last year were abused by a son. This information comes from a new report released by the Ministry of Health and Welfare. Family members, including spouses, daughters, children-in-law, and grandchildren, accounted for 76 percent of reported abuse cases. The ministry’s figures on elder abuse reveal that family members accounted for the majority of reported abuse. However, four out of 10 cases of abuse reported to senior citizen protection agencies involved abuse by sons. Spouses were the cause of nearly 14 percent of the cases, and daughters were the result of 13 percent of the cases. Data on the type of abuse show 38 percent of cases were emotional abuse, 25 percent were physical abuse, 19 percent were cases of neglect, and 9 percent involved economic abuse. In some cases, multiple types of abuse were reported. The number of reported cases received by senior citizen protection agencies around the country rose from 2,674 in 2009 to 3,441 in 2011. Comparison of 2009 and 2013 figures show a nearly 32 percent rise in these five years. While abuse case reports are increasing, survey results from 2011 indicate that only 41 percent of older adults would report abuse to a protection agency, the police, or their local neighborhood community center. In comparison, 36 percent reported that they would simply “put up with it.”

University of Tasmania Launches New Research Institute

The University of Tasmania has established A Research Institute for the Study of Social Change, which is intended make a contribution to the university’s social mission by providing a forum for community debate while also working with the Tasmanian community to develop and trial innovative responses to social challenges. The launch of the institute was marked with a public lecture by economist Ross Garnaut, titled “Managing Massive Change: Australia’s Economic and Social Future After the Resources Boom.” University political scientist Richard Eccleston has been appointed as the founding director of the institute and was reported to have said that he believes the focus on social change is timely given the significant challenges being faced locally, nationally, and internationally as a result of technology, economic transition, environmental challenges, and the aging population. Additional information on the institute can be found at www.utas.edu.au/social-change.
Arkansas Partnership Will Enable Emergency Care for Stroke Victims
The University of Arkansas for Medical Science (UAMS) has teamed with Chambers Memorial Hospital in Danville, AR, to provide life-saving emergency care for stroke patients in the region. Called AR SAVES (Arkansas Stroke Assistance through Virtual Emergency Support), the program uses a high-speed video communications system to help provide immediate, life-saving treatments to stroke patients 24 hours a day. The real-time video communication enables a stroke neurologist to evaluate whether emergency room physicians should use a powerful blood-clot dissolving agent within the critical three-hour period following the first signs of stroke. The AR SAVES program is a partnership between the UAMS Center for Distance Health, the state Department of Human Services, Sparks Regional Health System in Fort Smith, Chambers Memorial Hospital, and 42 other Arkansas hospitals.

MountainView Hospital, University of Nevada School of Medicine Aim to Expand Medical Education
With the goal of greatly increasing the number of physicians serving in southern Nevada, MountainView Hospital and the University of Nevada School of Medicine have agreed to work toward the development of an expanded Graduate Medical Education (GME) program based at MountainView Hospital. The program will help enhance the local supply of physicians serving southern Nevada and help to improve patient care access for the Las Vegas community. Preliminary discussions have focused on GME programs in critically needed primary care areas of internal medicine, family medicine and geriatrics, as well as general surgery, urology, neurology, and selected medical and surgical subspecialties.

Gift Supports Longwood University Nursing Department for Dementia Research
A $30,000 gift to the Longwood University Nursing Department from alumnus Drew Hudson has established the Gertrude Hudson Research Scholar for Dementia Care and provides funding for a five-year research program to study interaction with dementia patients. The study will focus on ensuring that nurses and doctors do not miss diagnoses like cancer or other diseases because of an older patient’s dementia or Alzheimer’s disease. The program provides an opportunity for an undergraduate nursing student to embark on research, which is part of the foundation of Longwood’s recently released quality enhancement plan. An annual $1,000 scholarship will be awarded to a rising junior nursing student who will be guided by a full-time faculty sponsor.

Does your 2014 GSA Meeting presentation relate to disadvantaged older adults?
Consider applying for either the Junior or Senior Scholar Award for Research Related to Disadvantaged Older Adults, sponsored by Senior Service America, Inc. and GSA.

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