Graduates Eligible for Transitional Membership
GSA offers a transitional status of membership for recent graduates. Anyone who is currently a student member is eligible to receive a reduced annual membership fee of $110 as he or she transitions into a full-time gerontology career. This rate is available for two years. A transitional member also will continue as a member of the Society’s Emerging Scholar and Professional Organization.

Journals Seek Abstracts for Special Issues
Check out the “New in Publications” section of www.geron.org to find new calls for papers for two of GSA’s journals. The Journals of Gerontology, Series A: Biological Sciences and Social Sciences is planning a special issue titled “The Utility of Brief Physical and Cognitive Assessments in Clinical Care,” with abstracts due October 31. The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences is planning a special issue titled “Successful Aging: Contentious Past, Productive Future,” with abstracts due August 1.

GSA Working to Combat Aging Stereotypes
A collaborative partnership that GSA formed with seven other aging-focused organizations has yielded a new report that that shows how the American public’s perception of aging stands in contrast to that of professionals working in the field. This report is a major step in what has become an unprecedented effort to create a better public understanding of older adults’ needs and contributions to society — and subsequently to improve the lives of all people as they age.

The partnership, known as the Leaders of Aging Organizations (LAO), includes GSA, AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, Grantmakers in Aging, the National Council on Aging, and the National Hispanic Council on Aging.

Breaking from traditional public opinion research, the new report, “Gauging Aging: Mapping the Gaps between Expert and Public Understanding of Aging in America,” used public interview and survey data to delve deep into connections between attitudes and actions around aging. The report uncovered an important disconnect between pessimistic public opinion and more hopeful reflections from experts and advocates.

“Society needs better ways to translate the evidence that forecasts significant opportunities for our country if we correctly address aging issues,” said GSA Executive Director and CEO James Appleby, RPh, MPH. “This project has the best chance of doing that, because it relies on solid social science research to help experts engage the public in envisioning different futures.”

Journal Tackles Aging Policy Issues Raised by White House
In anticipation of the forthcoming 2015 White House Conference on Aging (WHCoA) GSA has produced a special issue of The Gerontologist that outlines a vision for older adults’ economic and retirement security, health, caregiving, and social well-being for the next decade and beyond. And because this year also marks the 50th anniversary of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security, articles within the issue also explore ways to safeguard the continuing success of these programs.

The WHCoA has been held once every decade since the 1960s and offers a unique opportunity to shape the national landscape for policies affecting older Americans. For 2015, four main topic areas have been chosen: ensuring retirement security; promoting healthy aging; providing long-term services and supports; and protecting older Americans from exploitation, abuse, and neglect.

Writing in the opening editorial of the new special issue, GSA Director of Public Policy and Professional Affairs Greg O’Neill, PhD, and The Gerontologist editor Rachel Pruchno, PhD, state the 2015 WHCoA is the catalyst for developing an aging policy designed to meet the challenges and opportunities presented by the aging of the U.S. population in the decade to come.

“The papers presented in this special issue highlight these challenges and opportunities,

Continued on page 6
Changing the Conventional Wisdom on Aging

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

What if the general public understood aging as we do? That’s what the Leaders of Aging Organizations (LAO) are hoping to accomplish. As described on the front page, the LAO is a new partnership that GSA was instrumental in founding, and its goal is to “develop a new, evidence-based narrative around the process of aging in our country, and the roles and contributions of older Americans.”

That quote was taken from the new report that the LAO commissioned, “Gauging Aging: Mapping the Gaps between Expert and Public Understanding of Aging in America.” It was developed, researched, and published by The FrameWorks Institute. FrameWorks has a very well regarded reputation for these kinds of studies, which are based on solid social science research and social change theory. Their team used methods from psychological anthropology to identify and assess the deep, underlying cultural models that people routinely bring to the topic of aging. The use of these novel methods led to FrameWorks Institute’s receipt of the prestigious MacArthur Foundation Award for Creative and Effective Public Understanding of Aging in America.” It was developed, researched, and published by The FrameWorks Institute.

The report finds that the public has a somewhat negative view of aging overall, and concludes that “meeting the challenges documented here will require developing a set of strategies and tools that can reframe people’s understandings of the aging process and that older Americans — so that aging is understood as both a personal and a shared resource and opportunity, and so that older Americans are viewed as central rather than marginal participants in our collective life as a nation.”

The term “reframe” is familiar to social scientists — a frame consists of the unstated assumptions, preconceptions, mental images, and filters that an individual may have. Most GSA members are probably not surprised about the degree of disconnect between public and expert understanding of aging. The next step (and major challenge) is to find ways to bridge that gap.

It seems that we need to change the way we communicate about aging, both at an organizational level and at an individual level. Our path forward is to have changes in communication lead to changes in discourse, which will lead to changes in thinking, and eventually to changes in policy.

We may be perpetuating some of the wrong frames without even realizing it. Certainly, in the vast interdisciplinary field of gerontology, there are a lot of competing metaphors are developed and tested, we’ll move on to the topic of aging. The next step (and major challenge) is to find ways to bridge that gap.

It seems that we need to change the way we communicate about aging, both at an organizational level and at an individual level. Our path forward is to have changes in communication lead to changes in discourse, which will lead to changes in thinking, and eventually to changes in policy.

Beyond that, we also plan to continue the conversation about this on GSA Connect, our online networking platform. The next step in the LAO’s ongoing work will be to conduct further research that allows us to develop specific language, metaphors, examples, and stories to help bridge the gaps in understanding about aging. (To see how another organization, the American Public Health Association, used this approach to address the framing of environmental health, check out their webinar series at bit.ly/1EO5zJb.) I would like to get GSA members involved in the discussion now because once effective metaphors are developed and tested, we’ll all have a role in changing the conventional wisdom about aging.

James
In Memoriam

GSA Fellow Elizabeth Warren Markson passed away on January 1 at age 80. She was known for her work in social gerontology and especially the experiences of women as they age. Since 2009, Markson had been a resident scholar at the Women’s Studies Research Center at Brandeis University. From 1985 to 2005, she served as the director of the Boston University Gerontology Center, where she developed a multidisciplinary pre- and postdoctoral training program funded by the National Institute on Aging and an annual summer institute on gerontology. For 15 years, she was also a psychoterapist and family counselor with a focus on life transitions. Markson was also a fellow of the Association for Gerontology in Higher Education and a clinical member of the American Association of Marriage and Family Therapy. She also authored and co-authored 10 books and more than 70 journal articles.

New Books by Members

• “Psychological Assessment and Therapy with Older Adults,” by GSA Fellow Bob Knight, PhD, and Nancy Pachana, PhD. Published by Oxford University Press, 2015.

Members in the News

• On March 4, GSA Fellows Steve Austad, PhD, and David Allison, PhD, were quoted in an article in The Fiscal Times titled “Obesity + Aging = Costly Double Whammy for America.” They discussed the effects of poor nutrition and the cost of healthcare for the obese.
• The Boston Globe interviewed GSA Fellow Stephen Golant, PhD, for a piece titled “Expert Advice for the Over-55 Crowd.” The article was published on March 14 and explored housing and community options for older adults.
• Tamar Heller, PhD, was interviewed by Reuters for an article published on April 8. In the piece titled “Memory May Suffer in Mothers Caring for Disabled Children,” Heller commented on a recent study in The Journals of Gerontology: Series B citing the need for family support services and supports for families of individuals with disabilities.

Member Spotlight

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

M. Maya McDoom, PhD, MPH

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

Feather Earns ASA Honor

John Feather, PhD, the CEO of Grantmakers in Aging, has received the 2015 ASA Award from the American Society on Aging. This distinction is presented to an individual who has made outstanding contributions to aging-related research, administration or advocacy, and is intended to create visibility for the field of aging. Feather was selected for his contributions to aging-related service, including the impact his work has had on national policy or programs, and his professional reputation as a leader on aging issues.

Spero Appointed to Precision Medicine Initiative Research Network

The University of Colorado, Denver’s Spero Manson, PhD has been named a member of President Barack Obama’s Precision Medicine Initiative research network team. Formed as a Working Group of the Advisory Committee to the National Institutes of Health, this team of experts will deliver a preliminary report in September 2015 that will inform efforts to accelerate the understanding of individual differences that play a role in health, with the goal of informing better prevention and treatment strategies tailored for each person. Spero is a distinguished professor and director of the Centers for American Indian and Alaska Native Health within the Colorado School of Public Health at the University of Colorado, Denver.

Dong Receives Minority Health Award

GSA Fellow XinQi Dong, MD, MPH, has been selected to receive an American Psychiatric Foundation Award for Advancing Minority Health. The award was established to recognize mental health professionals that are undertaking special efforts to increase public awareness of and secure quality and comprehensive mental healthcare for underserved minorities. Dong will be presented with this award at the American Psychiatric Association’s Annual Meeting in May.

Werner Recognized for Color Vision, Aging Contributions

GSA Fellow John Werner, PhD, will receive the Verriest Medal from the International Colour Vision Society for his contributions to understanding the structural and functional basis of color vision, how and why vision changes across the life span, and factors that contribute to loss of vision associated with disease. Werner has made contributions to understanding the development and aging of color mechanisms, as well as the processes of aging in perception, particularly as they relate to plasticity and potential clinical applications. He has demonstrated the function of the different classes of color receptor and their connections to the first visual area of the brain in infants as young as four weeks of age.

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:

• Gayle Doll, PhD: “The Kansas State University Center on Aging has been celebrating Careers in Aging week for more than a decade. The last three years have been highlighted with a Careers in Aging Amazing Race.”
• C. Joanne Grabinski: “I’ve become a great fan of ‘conversations with’ professors and other professionals in the field that allow students, colleagues and others to learn more about gerontology and career options in a relatively informal way. Sometimes all we need to do is just make ourselves available for this type of conversation...”
Republicans Submit Budget at Odds with President’s

The 114th Congress is in full swing. Republicans are in charge of both chambers. After a rough start — including unsuccessful attempts to stop President Barack Obama’s immigration policies by holding the Department of Homeland Security appropriations bill hostage, redundant votes to repeal Obamacare, and a failed attempt to override the President’s veto of the Keystone Pipeline System — things have recently been going well for the majority. They put together a large bipartisan block to pass the sustainable growth rate (colloquially known as the “doc fix”) legislation, passed partisan budget resolutions in both the House and Senate, and now stand poised to pass a conference committee agreement (compromise).

They have worked with Democrats and the president to settle how Congress will weigh in on the potential Iranian nuclear power settlement, and there have been recent breakthroughs on The Bipartisan Congressional Trade Priorities and Accountability Act of 2015 and the Survivors of Human Trafficking Empowerment Act. Further, both the No Child Left Behind education bill and the Older Americans Act Reauthorization Act of 2015 (S. 192) have been passed unanimously by the Senate Health, Education, Labor and Pensions Committee and now await floor action.

It has been said that good things come to those who wait. Well, as someone trying to write a budget column, I have been waiting since Congress’ self imposed April 15 deadline for news of a budget conference committee agreement. It came from the Republican chairs of the House and Senate Budget Committees, only a few hours before this newsletter was to go to press.

Frankly, it is not full of good things for many Americans, especially vulnerable populations or those of us that support programs for older adults, those with disabilities, and the impoverished. It is a political document like many budgets have been in the past — both Democratic and Republican. It is likely to pass the House and Senate in the coming days with a partisan vote and serve as the blueprint for the budget reconciliation process which I wrote about in February’s newsletter.

It is worth noting that this is the first time since 2001 that the two chambers got together and created a budget conference report and agreement.

Budget “Details”

The specifics of how the current agreement will affect many programs are not available because most of the details are left to the committees of jurisdiction who will report back to the budget committees with specific programmatic changes.

To give you a sense of the ambiguity of the budget report, what follows is example of what the conference report says on health care reform, Medicaid, and Medicare:

“The conference agreement calls for the repeal of the President’s health care law. The agreement accommodates legislation from the committees of jurisdiction in the House and Senate to continue to develop health care solutions that lower costs and improve access to care. It envisions Medicaid reform, based on a framework proposed by the chairman of the committees of jurisdiction in the House and the Senate, to modernize and improve the program while increasing State flexibility and protecting the most vulnerable populations. The conference agreement (includes) the repeal of the Medicare Independent Payment Advisory Board. The agreement proposes the same amount of Medicare savings reflected in the Senate-passed fiscal year 2016 budget as a target to extend the life of the Hospital Insurance trust fund and tasks the committees of jurisdiction in the House and Senate with determining the specific Medicare reforms needed to bring spending levels under current law in line with the budget.”

So, there will be cuts, changes to programs, repeal of Obamacare and more, but those details will be worked out by other committees, but with the overall goal of balancing the budget within a decade by cutting $5 trillion and without raising taxes.

The progressive Center on Budget and Policy Priorities said the budget agreement, if passed, “will represent one of the most radical budget plans that lawmakers have adopted since they created the modern budget process in 1974… If they follow this plan, lawmakers would eviscerate substantial parts of the federal government — including parts that have previously enjoyed bipartisan support.”

They contend that the budget agreement will more than double the cuts in non-defense discretionary programs over the coming decade, including programs in education, scientific research, veterans services, child care, and more. Sequestration will reduce programs by about $37 billion a year ($496 million overall cuts in 10 years), added to the previously agreed upon budget caps. Defense spending is spared and giving more money this year ($38 billion) than the Pentagon requested.

And there’s some good news from former Speaker of the House Newt Gingrich: He called for a doubling of the National Institutes of Health (NIH) budget in an op-ed in the New York Times on April 22. Historically, Gingrich has been a supporter of NIH, having doubled its budget back in the 1990s under his watch.

“Doubling the institutes’ budget once again would be a change on the right scale, although that increase should be accompanied by reforms to make the NIH less bureaucratic, to give the director more flexibility to focus resources on the most common and expensive health problems, and to place a stronger emphasis on truly breakthrough research,” he wrote.

“It’s insane that we spend so much on health care and so little on research,” Gingrich added via Twitter.

While many Republicans agree that the NIH needs more funding, the current Congress probably won’t be the source of a substantial increase. Representative Raul Labrador (R-ID) speaking at a monthly event called Conversations with Conservatives, said, “I think whatever we do to increase NIH funding has to be offset...
with cuts somewhere.” And we know that the Republican budget is all about cuts.

Contrasts with the President’s Budget Proposal

As expected, the agreement contrasts widely with the president’s FY 2016 budget proposal released in February. The president’s budget would have eliminated the looming sequestration (automatic across-the-board cuts to discretionary program), which is slated to take effect again this year.

His budget did project $399 billion in savings over 10 years from Medicare, Medicaid, and other HHS programs, including $66 billion over 10 years from charging higher income Medicare beneficiaries larger premiums for prescription drugs and physician services.

It also included some aging program advances, such as an allocation of $2 million for the Missing Alzheimer’s Disease Patient Alert Program. This program provides grants to nonprofit organizations to enable them to establish and operate initiatives to identify, locate and protect individuals with Alzheimer’s who wander away from home. The president’s budget proposed $25 million for elder justice and Adult Protective Services programs. The Elder Justice Act received $4 million in direct appropriations last year, its first funding since its passage in 2010. The budget also proposed significant increases to the Older Americans Act programs.

Impasse seems to be the bottom line, with the president preparing to veto proposals that are key elements of the budget agreement. Office of Management and Budget Chief Shaun Donovan recently said that “the president has been very clear. He’s drawn two red lines. He is not going to accept a budget that puts sequestration in place without bills that also fix the non-defense part of the budget.” It may end up being a long year ending with vetoes and continuing resolutions again.

Other Hill News

The Doc Fix is Fixed

On April 14, the Senate voted 92-8 to approve the “doc fix” bill (the Medicare Access and CHIP Reauthorization Act, or MACRA) that the House had passed prior to Spring recess, thus ending a 20-year ritual of temporary stop-gap votes. The president signed the bill on April 16.

The nearly 300-page bill repeals automatic cuts to doctors’ payments under Medicare known as the sustainable growth rate.

The bill will cost $214 billion over 10 years, with $73 billion of that cost offset with spending cuts or new revenue, according to the Congressional Budget Office. It permanently extends the Qualified Individual Program, which subsidizes Medicare premiums for low-income beneficiaries and extends for two years the Maternal, Infant, and Early Childhood Home Visiting Program. The bill prevents some 7.4 million low-income patients from losing access to care by extending the funding for community health centers.

The bill does add a means-test requiring Medicare beneficiaries with incomes greater than $133,000 to pay higher fees. AARP and other advocacy groups opposed some provisions in the bill, such as the elimination of Medigap insurance first dollar coverage and the increases in beneficiary out of pocket costs. Many groups wanted to permanently repeal the Medicare outpatient therapy caps. Their attempts to modify the bill prior to passage were unsuccessful.

Social Security

On February 11, Acting Commissioner Carolyn Colvin testified before the Senate Budget Committee about the financial status of the Social Security Disability Insurance (DI) Trust Fund. She asked for the Senate’s support of the president's plan to reallocate 0.9 percent of payroll tax revenue from the Old-Age and Survivors Trust Fund to the DI trust fund for five years. This move would keep the DI trust fund solvent and pay benefits until 2033. Congress has reallocated payroll tax revenues between the two trust funds 11 times over the last six decades in both directions.

Medicare/Medicaid

Representative Joe Courtney (D-CT) and Senator Sherrod Brown (D-OH) reintroduced the Improving Access to Medicare Coverage Act (S.843/H.R. 1571). The bill would count time spent in observation status toward the three-day prior inpatient stay that is necessary to qualify for Medicare coverage of skilled nursing care.

The Centers for Medicare and Medicaid Services (CMS) has expanded and strengthened the Five Star Quality Rating System for nursing homes. Consumers and their families can now go on the Nursing Home Compare website to find an overview of nursing home quality. The CMS rates nursing homes based on three categories: results from onsite inspections by trained surveyors, performance on certain quality measures, and levels of staffing.

White House Conference on Aging

The White House Conference on Aging has conducted four of five regional forums in Tampa, Phoenix, Seattle, and Cleveland. The final one is scheduled for May 28 in Boston. Watch all rebroadcast videos of the forums at www.whitehouseconferenceonaging.gov.

Older Americans Act

The authorization for most Older Americans Act (OAA) programs expired in 2011, but they have continued to receive appropriations each year. The Senate Health, Education, Labor, and Pensions Committee has passed the OAA reauthorization but it has yet to go to the full senate for consideration. Last Congress, disagreements over the funding formula used to allocate monies to states under the OAA led to inaction. It is not known if this compromise bill will face the same problem. Some think that senate passage will take place during Older Americans Month in May.

New Caregiving Caucus

On March 3, a new congressional caucus called Assisting Caregivers Today (ACT) was created to focus on needs of caregivers. The bipartisan, bicameral caucus is co-chaired by Senators Kelly Ayotte (R-NH) and Michael Bennet (D-CO) and Representatives Diane Black (R-TN) and Michelle Lujan Grisham (D-NM). The ACT Caucus has received support from AARP, the American Heart Care Association, and more than 20 national groups.
Continued from page 1 - GSA Working to Combat Aging Stereotypes

According to the U.S. Census Bureau, people age 65 and older made up 14.1 percent of the American population in 2013; this figure is expected to rise to 21 percent by 2040. The LAO was formed to address public perceptions of older adults: who they are, what issues affect them, how they contribute to society, and how society can best integrate their needs and contributions. The work for the report was undertaken by the FrameWorks Institute, a group of social scientists who investigate public perceptions of critical social issues and help experts translate their observations in terms that the lay public can appreciate.

The report and an accompanying webinar can be found at www.frameworksinstitute.org/aging.html.

“The ultimate goal of this project is to increase the public understanding necessary to promote well-being for older adults and their families and to ensure their full participation in society,” said Laura A. Robbins, founder of Laura A. Robbins Consulting, LLC, and manager of the LAO project. “Despite growth in our understanding of how to improve aging, much of this knowledge isn’t penetrating public discourse. It will take all of us to make that happen—and this report is a critical first step.”

According to the report, public perceptions of aging describe this process as:

- **Someone Else’s Problem:** Instead of perceiving aging as an inherent aspect of development, people tend to focus on “the aged” as an “otherized” group to which they do not belong.
- **Undesirable:** The public associates aging with decline and deterioration. A large percentage of interviewed individuals emphasized their belief that capability “faded away” with time.
- **Inevitable:** For most, this “fading away” also is tied to a strong sense of inevitability—a resignation to “slowing or breaking down” as a central aspect of growing old.
- **Isolated:** A majority of the public perceive old age not only as an outside obstacle or opponent, but also as a personal or familial problem and not a challenge that society shares.
- **Fatalistic:** Intimately tied to these perceptions are fears of decline, depression, and dependence. Such fears not only imbue the aging process with dread, but also impede support for policies and solutions that actually address the challenges (and opportunities) associated with age.
- **Out of Sight and Out of Mind:** Fear and misperception ultimately fuel a lack of attention to older adult health. But keeping aging “off the radar” does little to remedy impediments to health as we grow older.

In contrast, the FrameWorks Institute found that experts in aging believe that advances in research, care, and services to extend longevity have opened a world of possibilities for personal, social, and economic contributions by the fast-growing older adult population. These contributions can be leveraged for the benefit of all, but that entails adjusting public institutions, policies, and infrastructure by chipping away at outdated ways of thinking.

“Aging is something we all experience. It isn’t a barrier or a battle, but it is a characteristic of who we are—and who we are becoming—and it needs to be reflected in public thinking, public policy, and public discourse,” said Eric Lindland, PhD, a senior researcher with the FrameWorks Institute and a lead author of the report.

“Not surprisingly, that type of change begins with the public—or more specifically, with our ability to convey a truer vision for what aging in America really means for us all.”

Funding for the LAO’s work has been provided by AARP, the Archstone Foundation, the Atlantic Philanthropies, the John A. Hartford Foundation, the Fan Fox and Leslie R. Samuels Foundation, the Retirement Research Foundation, and the Rose Community Foundation.

In launching this project, the members of the LAO recognized that unless the public develops a more accurate understanding of today’s older adults, it will continue to be difficult to secure the systems, human capital, and financial resources needed by the fastest-growing age segment of the population.

“Our examination of how aging is viewed among the general public, the media, and experts and professional organizations in the field is a first step toward developing communication efforts that will encourage public engagement and support for meaningful aging programs and policies,” Appleby said. “This project will also serve to establish an effective voice for the field of aging by demonstrating the benefits of a collaboration of national aging-focused organizations.”

U.S. Assistant Secretary for Aging Kathy Greenlee, who heads the Administration for Community Living in the Department of Health and Human Services, applauded the LAO’s effort.

“Issues of aging are often invisible and little understood,” Greenlee said. “We need to know the best way to engage the public in understanding the opportunities and challenges of aging. Advancing age is inevitable. How best should we as a nation plan for and embrace old age? To answer this question, we need to build upon solid social science research. I welcome the opportunity to learn from what this project will reveal.”

Continued from page 1 – Journal Tackles Aging Policy Issues Raised by White House

while also showing us several innovative solutions through their thoughtful recommendations,” O’Neill and Pruchno write. “We view them as visionary—laying the foundation for effective policies supporting an aging society in the years ahead.”

Policy prescriptions for all four topic areas of the WHCoA are included within the articles. They include, but are not limited to, recommendations for a universal private pension system and strengthening Social Security and Medicare through revenue increases rather than benefit cuts; demonstrations of how age-friendly community initiatives can make social and/or physical environments more conducive to older adults’ health, well-being, and ability to age in place and in the community; a template for the delivery, supply, and funding of caregiver respite care services; and calls for a coordinated approach to reduce elder mistreatment.

The latest issue of *The Gerontologist* is part of larger effort GSA is undertaking to help ensure the 2015 WHCoA is a success. The organization convened a listening session at its most recent Annual Scientific Meeting in Washington, DC, welcoming WHCoA Executive Director Nora Super. GSA also is a founding member of the Leadership Council of Aging Organizations, which together with AARP is holding a series of five WHCoA regional forums designed to gain input on the key issues from older Americans, their families, caregivers, and gerontological thought leaders. In June, another GSA journal, *Public Policy & Aging Report*, will dedicate an issue to creating positive policy changes related to the four themed topics of the WHCoA.

6 • May 2015 • gerontology news
Negotiation Strategies for the Emerging Scholar

By Glenna Brewster, MS, FNP-BC (Thanks are given to Shay Glasgow, BS, for his contributions to this article.)

As emerging scholars venture into their chosen career paths, one important skill to develop is the ability to negotiate. This article will offer some suggestions on how to prepare for and progress through the negotiation process when a job offer has been made.

Negotiation involves communication between two parties so as to reach an agreement without causing future barriers to communication. While negotiation only occurs after the individual has received an offer for the position, it is vital that research is conducted beforehand to ascertain what is potentially negotiable. During this time, it is important to identify your priorities and deal breakers.

In addition, seek information from resources such as professional associations, mentors and advisors, personnel and publications at the institutions of interest, and published figures from sources like The Chronicle of Higher Education Almanac or The Collegiate Times. Some terms and conditions that are potentially negotiable include the start date, the duration and position of funding, salary, a benefits package (health, life, disability, retirement), moving expenses, vacation, office space, lab facilities, equipment, computer/software, research assistants, conference and travel funds, grant writing support, journal subscriptions, teaching load, student advising, patent rights, acknowledgements for projects and publications, work schedule, parking, housing, on-site childcare, and spouse/partner employment. Initially, post-doctoral scholars may have less negotiating power, but as they gain experience they will have more leverage when negotiating.

After receiving an offer from the potential employer, send correspondence expressing pleasure for receipt of the offer and enthusiasm about the position and the institution. Be sure to ask for a copy of the terms and conditions of the offer and find out when the individual making the offer would like a decision.

While reading the offer, consider it as a compensation package instead of only a salary figure. Seek to negotiate for mutual gain and find common interests in areas that may seem to have the most conflict. Negotiation occurs in stages and, as such, you can change your requests and/or priorities during the process.

However, be aware that vacillating may undermine your credibility. During each contact throughout the negotiation process, ensure that you convey your enthusiasm for the position. At the completion of the negotiation process, express thanks for their willingness to respond to your concerns and restate the offer, then request it in writing so that both parties will have a record of common understanding of the conditions of the offer. Finally, inquire when you would receive the final decision on the offer.

When you have received the agreed upon offer, request some time to think about it before making a final decision (no more than two weeks). Know that you will be bound to the decision after you have made it so if you are waiting for offers from other employers, contact these institutions, explain your situation and ask whether they can provide you with a decision within your time-frame. After you accept an offer, notify the other institutions where you had applied about your decision. Also, communicate this to your advisors and others who may have helped in your search. If you do not accept an institution’s offer, explain honestly and constructively why you did not and write a follow-up letter articulating your regret that the position didn’t work out along with providing your positive impression of the process.

Learning how to negotiate is an important step to successfully getting what is most important to you as you progress from an emerging scholar to a respected leader in your chosen career.

There are several online resources that can also help you in your decision making:

- “What is Negotiation?”: www.skillsyouneed.com/ips/negotiation.html
- “Negotiating a Postdoc Position”: www.ibparticipation.org/pdf/Postdoc_Negotiating_a_Postdoc.pdf
- “Negotiating Style Self-Assessment”: womennegotiationinstitute.com/doc/WIN_Negotiation_Style_Assessment_0711.pdf
GSA congratulates the following candidates at the conclusion of the 2018 elections:

**Society-Wide**

- **President-Elect**
  - Barbara Resnick, PhD, CRNP

**Behavioral and Social Sciences Section**

- **Chair-Elect**
  - Karl Pillemer, PhD

- **Member-at-Large**
  - David Almeida, PhD
  - Jessica A. Kelley-Moore, PhD
  - Brent J. Small, PhD

GSA extends its appreciation to all members who cast their vote in the election. The Society also thanks all the candidates who volunteered to stand for office.
2015 Election Results

Candidates, who will take their offices at the 5 Annual Scientific Meeting.

Biological Sciences Section

Chair-Elect
Janko Nikolich-Žugich, MD, PhD

Health Sciences Section

Chair-Elect
Toni P. Miles, MD, PhD

Social Research, Policy, and Practice Section

Chair-Elect
Kathy E. Sykes, MA

Emerging Scholar and Professional Organization

Secretary
Yolanda D. Perkins-Volk, MA

The election for both the ESPO chair-elect and communications chair resulted in a tie. As per the ESPO bylaws, GSA will conduct an additional election to resolve the tie for these two positions during the ESPO Breakfast and Community Meeting at the 2015 Annual Scientific Meeting this November. The successful candidates will be announced at that time.

Chair-Elect Candidates
Jenny Palmer, MS
Kristen E. Porter, MS, MAc

Communications Chair Candidates
Patricia A. Fletcher, MA, MS
Lin “Helen” Jiang, MSSSW
Careers in Aging Week increases the awareness and visibility of gerontology-related vocational opportunities. It is sponsored every April by GSA and its educational unit, the Association for Gerontology in Higher Education (AGHE). Universities and colleges participate by hosting events at their schools or in their communities. These activities may include guest speakers, career fairs, poster sessions, video presentations, panel discussions, and receptions. GSA and AGHE would like to thank the participating institutions and commend the imaginative ways they promoted gerontology on their campuses.

Careers in Aging Are Important Because...

The gerontology community has been asked to help spread the word why careers in aging matter. Nearly 200 people have participated so far in a social media campaign to share their messages. Below are some of the most inspiring entries!

Jennifer from the University of Washington wrote, “Those who paved the way for me deserve to age with comfort and dignity now.”

Ray Sonnet from USC Davis wrote, “We will all be seniors. Develop the passion, empathy, and compassion to make a difference!”

U.S. Assistant Secretary for Aging Kathy Greenlee wrote, “Independence for a lifetime is important.”

White House Conference on Aging Executive Director Nora Super and colleague Sarah Plante wrote, “It’s the future!” and “Aging is beautiful!” respectively.

Congratulations to the Recipients of the 2015 Careers in Aging Week Awards!

These awards provide $400 to support events that raise the awareness about the exciting opportunities that careers in aging provide.

California Council on Gerontology & Geriatrics
Concordia University, Chicago
Dominican University*
Hunter College*
Kansas State University
New York Institute of Technology
Pennsylvania State University
Quinnipiac University
State University of New York College at Oswego
The Hong Kong Polytechnic University**
University of California, Los Angeles*
University of Kentucky
University of Maryland, Baltimore County*
University of Massachusetts, Dartmouth
University of Massachusetts, Lowell**
University of Missouri, Kansas City
University of Missouri/Washington University/
Saint Louis University*
University of Montana
University of Oklahoma*
University of Southern California
University of Vermont*
University of Washington
University of Wisconsin, Madison**
Western Kentucky University
Western University
Youngstown State University

GSA and AGHE gratefully acknowledge the *Hartford National Center on Gerontological Social Work Excellence and **National Hartford Center of Gerontological Nursing Excellence for providing grant support for schools of social work and nursing around the country. Careers in Aging Week is supported by the GSA Innovation Fund.
Save the date for next year’s Careers in Aging Week: April 3–9, 2016

AN IN-DEPTH LOOK

Kansas State University
Submitted by Gayle Doll, PhD, and Heath Rath, BA

The Kansas State University Center on Aging’s fourth annual Amazing Careers in Aging Race was our most successful event yet! This year our gerontology student ambassadors were able to partner with four local aging services businesses to design unique challenges that showcase the importance of careers in aging. Six teams of four students were pitted against each other in the highly competitive race.

What are the elements of a successful event?
The most important elements of the Amazing Careers in Aging Race are forming solid partnerships with local aging service businesses and ensuring the event is student run and student focused. Partnering with local businesses is a great way to bring attention to the wide range of aging related career opportunities available to students after graduation. Furthermore, by having our gerontology student ambassadors make the partnerships, designing the course challenges, and recruit participants we ensure that we do not lose the student perspective.

How do you see your specific events supporting careers in aging?
Over the last four years, nearly 100 students have participated in the Amazing Careers in Aging Race and closely interacted with the 16 different aging service businesses that we have partnered with. Not only does our event provide an opportunity for students interested in working with and for older adults to network with each other, it gives them the opportunity to learn about careers in aging they may never have considered.

What are the benefits of hosting an event?
The Kansas State University Center on Aging prides itself on providing a student experience that is second to none. By hosting events like the Amazing Careers in Aging Race, we can provide our students with an experience that is engaging and educational at the same time. We have found the race to be an informative event for secondary majors and non-majors alike. Furthermore, it has proved to be a useful recruiting tool for new students. However, the primary reason for hosting the Amazing Careers in Aging Race is to provide information about the huge number of career opportunities that exist in aging service.

Visit www.careersinaging.com to sign up for e-mail alerts and more information.
### New Resources

**N3C Explores Community Organizations’ Role in Health Care Environment**

The National Coalition on Care Coordination (N3C) recently released a new issue brief, “Building the Business Case: Community Organizations Responding to the Changing Healthcare Environment for Aging Populations,” which summarizes and expands upon a symposium N3C hosted at the March 2014 American Society on Aging conference. This brief is intended to stimulate thinking, to pose questions that catalyze dialogue, and ultimately, to inspire action. Though the primary audience for this brief is community-based organizations, the larger goal is for this content to have crossover impact. This brief can be accessed at bit.ly/1GLnSv.

**NIH Effort Launches Big Data Portal for Alzheimer’s Drug Discovery**

A National Institutes of Health (NIH) led public-private partnership to transform and accelerate drug development recently launched a new Alzheimer’s Big Data Portal, including delivery of the first wave of data for use by the research community. The new data sharing and analysis resource is part of the Accelerating Medicines Partnership, a venture bringing together NIH, the U.S. Food and Drug Administration, AHRQ’s PCMH Resource Center at pcmh.ahrq.gov.

### Mexican Americans Confront High Disability Rates in Later Life

Life expectancy for Hispanics in the U.S. currently outpaces other ethnic groups, yet a new study finds that Mexican Americans—especially those women who were born in Mexico—are spending a high proportion of their later years with some form of disability, a fact that suggests a growing need for community assistance and long-term care in the future.

These findings are reported in a new article published online in *The Journals of Gerontology, Series B: Psychological and Social Sciences* titled “Longer Lives, Sicker Lives? Increased Longevity and Extended Disability Among Mexican Origin Elders.” The authors are Ronald J. Angel, PhD, and Jacqueline L. Angel, PhD, at the University of Texas at Austin, and Terrence D. Hill, PhD, at the University of Arizona.

This is the first study to document the fraction of time the Mexican-American population over 65 years old will spend with significant physical disability prior to death. Employing a unique longitudinal data set that followed older Mexican Americans for 18 years, the researchers estimate that those who reach age 65 spend over one-half of their remaining years, on average, with serious physical impairments.

“The fact that Mexican Americans have an average life expectancy of 81.4 years indicates significant progress against the chronic diseases of aging, although longer life is not an unmixed blessing,” said Jacqueline L. Angel. “Unfortunately we have not compressed morbidity as much as we would have liked and many older Mexican Americans need extensive care, either from their families or others. Such a burden has serious implications for Mexican-American families and for long-term care policy.”

The data used in this study come from the Hispanic Established Populations for Epidemiologic Studies of the Elderly and are based on changes in objective performance-oriented mobility assessments (POMA) in a cohort of several thousand Mexican-origin elders who were interviewed multiple times between 1993 and 2011. The POMA instrument is widely used in clinical settings to provide an objective evaluation of physical performance abilities such as balance, the ability to stand and to walk, the ability to get out of a chair, and grip strength. Respondents with less education and lower financial stability were more likely to experience functional decline than those with higher levels of education and financial stability. In addition, the data reveal that older women who were born in Mexico suffered longer periods of disability.

This research was supported by the National Institute on Minority Health and Health Disparities and the National Institute on Aging. “These findings reveal that poverty and lifelong disadvantages seriously undermine the health of many older Mexican Americans,” concluded Jacqueline L. Angel. “Our data also show though that the family steps in to provide care to even seriously impaired older parents, we must develop policies and programs that complement the family in their ability to provide care to older infirm parents in order to improve the quality of life of both the older parents and their caregivers.”
NIA To Support Comparative Physiological Studies of Aging

The National Institute on Aging (NIA) has issued a funding opportunity announcement to support small comparative biology research projects that exploit similarities and differences in important molecular, cellular, and physiological pathways, which affect aging. It is anticipated to stimulate new approaches toward understanding the molecular bases for differences in lifespan/health span across species. Applicants are invited to submit innovative applications using comparative approaches to explore cellular physiology pathways that influence aging and age-related changes. Approaches can be across vertebrate species or across strains of a given species (i.e., recombinant inbred mouse strains). Applications that utilize existing resources are particularly encouraged. Proposed studies may include, but are not limited to, comparative studies of pathway regulation at the cellular, tissue, and organism level, including studies in cultured cells. Approaches of interest would include, but are not limited to, comparative studies on the function of individual components of the cellular/molecular pathways, identification of species/strain differences in downstream effectors of the pathways involved in health span, identification of genetic modifiers of the pathways, evaluation of the responsiveness of the components and pathways to upstream effectors, and identification of components of the pathways that can be modulated in nontoxic ways. Applications must specifically relate the study to aging or age-associated changes in health or function and are due June 2. For further information, visit 1.usa.gov/1IbjsN1.

NIH Offers Neurosciences Predoctoral Program

The Jointly Sponsored National Institutes of Health (NIH) Predoctoral Training Program in the Neurosciences supports broad and fundamental research training in the neurosciences via the Institutional National Research Service Award research training grants at domestic institutions of higher education. Trainees appointed to this training grant are financially supported for either one or two years, during the first two years of their graduate research training. The primary objective is to prepare individuals for careers in neuroscience that have a significant impact on the health-related research needs of the nation. Applications are due June 10. Additional details can be found at 1.usa.gov/1bpjbeS.

Mortality, Blood Pressure Directly Linked to Relationship Quality

Several studies have shown that stress and negative marital quality can influence mortality and blood pressure, but until now, none have discussed how it might affect married couples over time.

Using systolic blood pressure as a gauge, researchers from the University of Michigan have assessed whether an individual’s blood pressure is influenced by his or her own, as well as his or her partner’s, reports of chronic stress — and whether there are gender differences in these patterns. The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences has published these findings in an article titled “Implications of Chronic Stress and Negative Relationship Quality for Blood Pressure among Older Couples: Evidence of Dyadic Effects.”

Kira S. Birditt, the article’s lead author, said she and her colleagues were particularly excited about these findings because they show that the effects of stress and negative relationship quality are truly dyadic in nature.

“An individuals’ physiology is closely linked with not only his or her own experiences, but the experiences and perceptions of their spouses,” she said. “We were particularly fascinated that husbands were more sensitive to wives’ stress than the reverse, especially given all of the work indicating that wives are more affected by the marital tie. We speculate that this finding may result from husbands greater reliance on wives for support which may not be provided when wives are more stressed.”

This article addresses several questions:

• Does chronic stress predict blood pressure?
• Does the association between chronic stress and blood pressure vary between husbands and wives?
• Does negative relationship quality predict blood pressure?
• Does the association between negative relationship quality and blood pressure vary by gender?
• Does negative marital quality moderate the stress-blood pressure link?
• Does the moderating effect of negative marital quality differ for wives and husbands?

The findings support previous research that asserts stress and relationship quality have both direct and moderating effects on the cardiovascular system. This research also indicates that it is important to consider the couple as a whole rather than the individual when examining marriage and health. Most importantly, this study revealed that wives’ stress has important implications for husbands’ blood pressure, particularly in more negative relationships. Specifically looking at the effects of negative relationship quality, researchers found that effects weren’t recognized when examining individuals, but they were when examining interactions between both members of a couple.
Hartford Foundation Awards NASW Grant to Bolster Services to Older Adults
The John A. Hartford Foundation has awarded the National Association of Social Workers (NASW) Foundation a $1 million, three-year grant that will be used to launch a program through NASW chapters in New York City, Maryland, Illinois, and Florida to improve the delivery of health care and social services to older adults. The NASW program, Supervisory Leaders in Aging, will establish sustainable gerontological social work supervision training programs in the four NASW chapters and an ongoing practice excellence network among its graduates. The program will provide a 10-module training, addressing both gerontological social work and supervisory and leadership skills, to 160 master’s level social workers who supervise staff serving older adults. NASW then plans to expand the program nationally, based on the lessons learned with these first four chapters. NASW projects these 160 supervisors will train about 1,280 staff to work with older adults. These staff members, in turn, are expected to serve more than 115,000 clients each year.

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

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

CALL FOR NOMINATIONS

2015 Busse Research Awards

On the occasion of the celebration of the 60th anniversary of the Duke Center for the Study of Aging and Human Development, there will be a special presentation of the Busse Research Awards at Duke University, Durham, NC on September 25, 2015. In recognition of significant contributions to aging research, one award will be to a scientist from the social/behavioral sciences, the other, a scientist from the biomedical sciences. These awards are supported from an endowment in honor of Ewald W. Busse, M.D., founding director of the Duke Aging Center. This endowment is administered by the Duke University Center for the Study of Aging and Human Development.

The purpose of these awards, usually presented at the quadrennial meeting of the World Congress of Gerontology and Geriatrics, is to recognize the achievements of late junior or mid-career scientists and to encourage their continued contributions to aging research. For the purpose of these special awards eligibility is limited to investigators in the North American region of IAGG (US and Canada). Awardees will receive certificates and an award of $6,000. Awardees must be present at the celebration to receive their awards and present a lecture based on their research. In addition to the prize, recipients will receive up to $3,000 each for travel/living expenses to Duke.

For information and application forms, visit WEBSITE: www.geri.duke.edu or contact:

Harvey Jay Cohen, M.D., Jury Chair
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Canadian Government Spending More on Seniors
A recent study revealed that Canadian seniors are receiving three times more government money than those under 45. Canadians over 65 receive between 2.9 and 3.9 times more in social spending than those under 45, stated a report released by Generation Squeeze, a campaign for generational equity. The Council of Federation launched a “Task Force on Aging” in 2014 and, according to The Star, the Canadian government is looking to put an emphasis on pharmacare over child care and education. The report offers new information to the government, pointing out that economic pressures now disproportionately fall on younger Canadians. This spring, the government budgets will be made public; Generation Squeeze released the report as a way to address the spending gaps between age groups.

Singapore Pioneers Virtual Retirement Village
Findings from Singapore’s ASPIRE55 Singapore pilot project, the first virtual retirement village in Asia, show that adults over 55 in Singapore rank wellness, social activities, and supportive living and care services as their top three priorities as they age. Modeled after the Beacon Hill Village model, the creators of ASPIRE55 hope to offer the most affordable ageing in place solution through its one-stop service virtual retirement village. Of the members that were surveyed, 87 percent said they desire to age in Singapore, while 13 percent are open to moving to Malaysia. More than 80 percent of the members registered are baby boomers born from 1947 to 1964 (with 55 percent female and 45 percent male), and 40 percent are still employed in the workforce. ASPIRE55’s focus is on providing affordable social, health, and care services to enable members to continue living in their existing homes to encourage ageing in place. ASPIRE55’s core services are in line with the findings of members’ preferred services within a physical retirement village; social, recreational, and wellness programs ranked the highest at 93 percent, followed by housekeeping, regular health checkups, and community transportation. Although 48 percent of the members envision living in a retirement village, this decision is largely dependent on the following factors — lower cost of living, convenient access to household, activities, mobility and care services, favorable location, and type of lifestyle services and activities. ASPIRE55 enables members to age in place at one third of the monthly fees of a retirement village. To learn more, visit www.aspire55.com.
For the first time, the Walt Disney World Swan and Dolphin will host GSA’s Annual Scientific Meeting. Known for its prime location, the hotel is conveniently located within walking distance of two theme parks, more than 40 restaurants, Disney’s BoardWalk, and much more. Join us this November in beautiful Orlando, Florida!

Registration and housing open June 2015.
For more information, visit geron.org/2015.