Virtual Mentoring Program Debuts on GSA Website

GSA has launched a new member benefit called Mentor Match — as a feature of the GSA Connect online networking platform — designed to pair mentors and mentees from within the Society’s diverse pool of international experts in the field of aging.

This initiative was developed by GSA’s Mentoring Committee and made possible by the three-year fundraising effort known as The Mentoring Effect.

Mentor Match aims to bring members together by shared professional interests such as tenure, career development, grant writing, and more. Members can choose how they would prefer to communicate — whether by phone, e-mail, or other means. Each mentoring relationship will officially last three months.

Bei Wu, PhD, chair of the Mentoring Committee, said that by mentoring or being mentored, members can continue to lead, learn, and share knowledge that will enhance their careers.

“Mentoring activity is one of the key functions of professional organizations such as GSA,” Wu said. “We wanted to build a program that would allow busy members to still be able to dedicate time to this important activity. The virtual nature of Mentor Match facilitates communication between mentors and mentees when it is convenient for them.”

Through this interdisciplinary interaction, Mentor Match is intended to help bridge the gaps between research, care, and practice, while giving back to the next generation of GSA members.

“Mentor Match allows mentors and mentees to search for people with whom to work based on topic, skills, and career stage,” said Deborah T. Gold, PhD, past chair of the Mentoring Committee.

Journalism Fellowship Recognizes America’s Top Age Beat Reporters

GSA, in partnership with New America Media, has selected 18 distinguished reporters for the next cohort of the Journalists in Aging Fellows Program, now in its sixth year. They represent a wide range of general audience and ethnic media outlets, including several daily newspapers, national publications, and public radio affiliates.

The fellows will convene during GSA’s Annual Scientific Meeting in Orlando and utilize the more than 400 presentations and 4,000 expert attendees to develop a major aging-focused story or series. These proposed projects, to be published in 2016, will span such concerns as elder isolation, food insecurity, creativity, and aging in ethnic populations.

“GSA’s meeting showcases the latest research on aging, and our fellows provide an invaluable service by disseminating that knowledge to the American public,” said Paul Stearns, MS, GSA’s Senior Director Membership, Communications, and Branding. “We provide a unique venue to help reporters understand everything from the latest discoveries in the health sciences to social and policy debates related to aging.”


“The remarkable quality and range of this year’s fellowship proposals are a tribute to the power of issues in aging,” said NAM Executive Director Sandy Close. “Reporters across the spectrum of American journalism are discovering how deeply these stories run through every community.”

In Orlando, the fellows also will report on new discoveries in aging and participate in a day-long workshop, where experts will discuss the latest research and provide insight on key...
From the Executive Director

GSA’s Recent Successes Are Worth Celebrating Together

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

The Annual Scientific Meeting is the most exciting time of the year at GSA, right? I’d like to build on that excitement by sharing how far our Society has come since the last time we met — largely thanks to the work of you, our members. So, below are some of the top things GSA has achieved in the past 12 months to enhance member value and advance innovation in aging.

IAGG 2017 Program Takes Shape: As GSA gears up to host the World Congress of Gerontology and Geriatrics — on behalf of the International Association of Gerontology and Geriatrics (IAGG) — in July 2017, we have identified keynote topics and speakers as part of the interdisciplinary program, and welcomed five co-host organizations. The abstract submission period runs from April 1 to July 15, 2016!

Mentoring Goes Virtual: As described on this month’s cover, the fundraising efforts of The Mentoring Effect initiative have yielded a new online system that matches mentors and mentees year-round. Mentoring is a significant component of professional success, so all members should consider participating.

Members Steer National Policy: In advance of the 2015 White House Conference on Aging, GSA held an official listening session, produced a webinar, and published two special journal issues to amplify members’ voices regarding current and future policy needs for aging in the U.S.

Coalition Combats Aging Stereotypes: GSA joined seven other groups in founding the Leaders of Aging Organizations (LAO), a collaborative partnership seeking to close the gaps between expert and public understanding of aging. The LAO has already produced two reports (see www.frameworks institute.org/aging.html), and we are continuing work to develop a new, evidence-based narrative around the process of aging in our country and the roles and contributions of older Americans.

Journal Impact Factors Soar: For the fifth consecutive year, The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences placed first in impact factor rankings in the gerontology category as reported by Journal Citation Reports: Social Sciences Edition. The Gerontologist and The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences took the fourth and fifth spots, respectively.

Immunization Awareness Spreads: This fall, GSA’s National Adult Vaccination Program launched an e-newsletter and convened two major events: an Immunization Champions, Advocates, and Mentors Program (ICAMP) Academy designed to equip health care professionals from many disciplines to champion adult immunization practices in their health systems, and a summit to advance the new U.S. Department of Health and Human Services’ draft National Adult Immunization Plan.

GSA Enters Book Publishing Arena: GSA stepped up its publishing game with the release of “Molecular and Cellular Biology of Aging,” a member-edited e-book that provides detailed overviews of aging processes at the molecular and cellular levels across multiple organisms, from microbes to humans. This establishes a model that will allow members a direct outlet for publishing in the future.

New Partners Join Journalism Program: As you read on the front page, we have a record six organizations supporting the Journalists in Aging Fellows Program, which GSA established five years ago to help publicize members’ work. The more than 100 reporters who have participated to date have produced in excess of 300 stories largely based on GSA members’ expertise and research — with more to come from the Orlando meeting.

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

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

**Mary Grace Kovar** passed away on September 21. She previously worked as an analyst at the National Center for Health Statistics in Hyattsville, Maryland. After retiring, Kovar was a consultant for the University of Chicago’s National Opinion Research Center. A longtime member of GSA, she served on the editorial board of *The Journal of Gerontology: Social Sciences* from 1990 to 1994.

**New Books by Members**

- “International Perspectives on Age-Friendly Cities,” by GSA Fellow Francis G. Caro, PhD, and Kelly G. Fitzgerald, PhD. Published by Routledge, 2015.

**Members in the News**

- On September 28, GSA Fellow Anthony Sterns, PhD, was interviewed for an article for Kent State University elnside about his new product for older adults called iLid. The article was titled “Kent State Researchers Use Digital Devices to Dispense Medications Safely.”
- GSA Fellow Stephen M. Golant, PhD, authored a blog article on the Huffington Post on September 29. The piece, titled “Should Older Americans Live in Places Segregated From the Young?” questioned ageist values and practices in residential separation.
- The Daily Democrat interviewed GSA Fellow Elizabeth Dugan, PhD, for an article published on October 3. The piece, titled “Elderly Drivers: Should They Undergo Road Tests to Keep Licenses?” looked at how policies should balance the need for older adults to remain independent with driver safety.

**Colleague Connection**

This month’s $25 amazon.com gift certificate winner: **Molly Perkins, PhD**

The recipient, who became eligible after referring new member (referred Marcia Holstad, FAAN, NP, PhD), was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

GSA also welcomes 40 new members who were referred to the Society during September’s Membership Month. Thank you to everyone who participated!

**Member Spotlight**

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **Fayron Epps, PhD, RN**

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

**Harootyan Stepping Down After 35 Years at GSA**

Linda Harootyan, MSW, a GSA employee since 1980, has announced plans to retire at the end of this year. During her tenure, she ultimately rose to the position of deputy executive director, and was instrumental in securing more than $50 million for grant-funded projects at GSA, including the John A. Hartford Foundation-supported Geriatric Social Work Initiative and Change AGEnts Initiative. Much of Harootyan’s work involved a focus on issues of diversity, from the Minority Leadership Development Program in the 1980s to the current Journalists in Aging Fellows Program. She also led GSA’s advocacy and policy-related activities in the aging network and with the U.S. Congress. Further, she maintained a strong commitment to the National Institute on Aging, and recently served as chair of the Friends of the NIA coalition. Following her departure from GSA, she plans to remain active in the field of gerontology as a consultant.

**Four Members Accepted as Policy Fellows**

The Health and Aging Policy Fellows Program is a unique opportunity for professionals in health and aging to receive the experience and skills necessary to make a positive contribution to the development and implementation of health policies that affect older Americans. This year, four of the 17 accepted fellows are GSA members: Gina McCaskill, MSW, from the Birmingham VAMC; Teri Kennedy, MSW, PhD, from Arizona State University; Tamara Harris, MD, from the National Institute on Aging; and Latrice Vinson, MPH, PhD, from the VA Maryland Health Care System.

**DeVaney Achieves American Council on Consumer Interests Fellow Status**

Sharon A. DeVaney, PhD, a professor emeritus at Purdue University, was named a distinguished fellow of the American Council on Consumer Interests at its annual conference in May. She currently is the editor of the *Family and Consumer Sciences Research Journal*. Her research has focused on retirement, self-employment, and credit use.

**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 have been talking about:

- Kristen Porter, PhD: “Older adults with HIV are developing multiple illnesses 10 to 20 years earlier than expected, including heart disease, cancers, diabetes, hypertension, kidney and liver disorders, osteoporosis, and frailty.”
- Deborah Carr, PhD: “Authors also are encouraged to conclude with a brief assessment of the value of the innovative method or data source used; that is, how might innovative methods advance our substantive knowledge above and beyond what we would learn using ‘traditional’ methods?”
Change AGEnts Share Success Stories

For 15 years, I have had the good fortune to work with GSA and the John A. Hartford Foundation on programs designed to prepare and inspire researchers, educators, and practitioners from the fields of geriatric social work, nursing, and medicine to use their knowledge, commitment, and skills to educate and advocate for change. It started with my work with GSA Senior Advisor Linda Harootyan, MSW, to create and implement the Geriatric Social Work Scholars Policy Leadership Institute, and has continued with the new and quite impressive Hartford Change AGEnts Initiative.

The Initiative includes an annual Policy Institute in Washington, DC, where we provide training, resources, and hands-on experience in the art of educating and motivating public policy makers. We also conduct webinars and offer tools and guidance to the Change AGEnts as they work on their change projects. The Initiative also involves a Communications Institute, a Change AGEnts Conference, and several other components all designed to support practice and policy change projects.

The Policy Institute is my small role in a large endeavor that is working to harness the power of more than 1,800 John A. Hartford Foundation health and aging scholars and leaders across the nation. This month I want to mention a few of the Change AGEnts projects to give you a sense of the real time change that is afoot and encourage you to engage in the initiative and become an agent for change, too.

Initiative Objectives

Before I focus on some of the wonderful education and advocacy being done by individual Change AGEnts, let me start with the actual objectives of the Hartford Change AGEnts Initiative. The first objective has been to develop the infrastructure needed to connect and foster engagement among the several thousand Hartford grantees who are now Change AGEnts. This has included the development of the publicly-accessible Change AGEnts website (www.changeagents365.org) and the Online Platform (which requires an account). The Online Platform affords opportunities for announcements, an open forum for discussions, shared resources, and a blog. The second objective is to accelerate practice change through interprofessional Change AGEnts Networks organized around specific practice improvement topics — the first two being the Dementia Caregiving Network (DCN) and the Patient Centered Medical Home (PCMH) Network. Both have been very active.

The DCN developed and submitted a paper, “Considerations on Dementia Caregiving,” to the Institute of Medicine (IOM) Study on Family Caregiving for Older Adults to suggest ways the issues might be framed. Also, the DCN offered to be a resource to the IOM. The IOM study is due to be released in the spring of 2016 and I am working with GSA to develop avenues to use the IOM recommendations to educate key staff and legislators on Capitol Hill. As many of you know, the work of the IOM is respected by many policy makers in DC and is often the basis for legislative and regulatory initiatives for change.

The DCN has also submitted comments in response to the National Quality Forum’s (NQF) Call for Comments on Prioritizing Measure Gaps: Alzheimer’s Disease and Related Dementias. Over the years, the NQF has become a key player in determining what standardized measures will be used for quality improvement, accountability, and payment. Working with organizations like NQF can be an effective avenue for change that will ultimately take place or be implemented elsewhere, such as at the Centers for Medicare and Medicaid Services (CMS).

Another example of education/advocacy work in the nation’s capital is the PCMH Network’s recent submission of ideas to the Senate Finance Committee in response to its request for suggestions on Medicare reforms that would address chronic care, improve care coordination, streamline Medicare payments, and improve quality, transitions, and other care aspects while reducing costs. For more information on the other activities of the DCN and PCMH Network and the projects I have mentioned, please go to www.changeagents365.org.

The third primary objective is to increase public attention and support for changes to improve the health of older adults through individual and collective communication efforts. The Change AGEnts Policy Institute that I conduct with GSA each June falls under this objective.

In addition to the conferences I mentioned, the Action Awards are another way that the John A. Hartford Foundation promotes practice change. These one-year grants of up to $10,000 support proposals that focus on the implementation of a program, policy, or tool that will produce change by the end of the one year grant period. These awards go to interdisciplinary, interprofessional teams whose projects use evidence to achieve results.

Policy Institute

The program which is nearest to my heart is, of course, the Policy Institute. So far, 37 Change AGEnts have come to Washington, DC, and received in-depth training and first-hand experiences to better understand how policy, politics, and process move change forward. The program includes a pre-institute webinar and materials to prepare for face-to-face legislative or regulatory advocacy in Washington, DC. The two-day institute covers a range of topics including: framing your issues for policy makers, differences between advocacy at the federal and state levels, policy work for regulatory change, and the nuts and bolts of how to understand and effectively use federal and state legislatures for change. After participating in interactive sessions, Change AGEnts meet with congressional and federal agency representatives to promote their own policy initiatives. They often also meet with DC-based advocacy organizations to build partnerships for change.
Angelia Bowman, program director of the Hartford Change AGEnts Initiative, recounted the following success story: “Prior to her participation in the Policy Institute, Amy Vandenbroucke, executive director of the National Physician Orders for Life-Sustaining Treatment Paradigm, had been communicating with a staff member in her representative’s office and scheduled to meet with the staffer as part of her participation in the Policy Institute. Her timing was fortuitous as the staffer had just received a draft of the Personalize Your Care Act and requested edits to the bill language in those areas which Amy felt she could provide insight and advice. As a result of that meeting, she became more involved in the language which she continues to work on today.”

Karen Reynolds and Shawn Halls are working in Sarasota, FL, to secure approval for modifications to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to better reflect the needs of the 80 and older population. In a communication to GSA following the institute, Karen reflected on her experience: “First and foremost, to be a participant in the Policy Institute is a life changing experience. The full immersion in the experience begins with the proximity of the institute in the heart of Washington, DC – Capitol Hill. With a day and a half of intensive policy and politics, I felt ready to take my advocacy to a more advanced level.

“Preparation for the visits to Capitol Hill really began prior to our arrival to DC. Setting up the appointments was an intense experience and one with a certain level of tenacity. It was with the initial meetings scheduling (with our congressional members) that we understood the value in ‘knowing’ someone on the Hill – and that individual was Brian Lindberg. One mention of his name to the office staff and no sooner did we have a return phone call from the office setting up our meeting with the congressman or the senator.

“The visits to the Hill and meeting our senator and congressman were a demonstration of our newly acquired skills and advocacy that we had focused on in the prior day and a half intensive institute. It was meaningful, impactful, and influential to come to the realization the importance of interacting and collaborating with our nation’s lawmakers on policies that impacts older adults.”

Although this was quite flattering to read, gaining access to Hill offices is sometimes a challenge and that is why we conduct a webinar on both setting up meetings and making those meetings as productive as possible. Shawn Halls provided us with an update on their efforts: “We were asking CMS to allow us to collect some additional info on our patients to identify those with caregivers. (This request was initially declined by CMS rules). When Karen and I had our conference call meeting with them during the institute, however, CMS approved us asking the additional questions. At this point, Press Ganey (our vendor for measuring HCAHPS) has the changes we requested from CMS and we’re waiting on final approval while Press Ganey confirms with CMS — expect this to happen in the coming weeks … and this is a direct result of the policy institute training and guidance.”

Ongoing Projects

Here are a few more examples of the innovative and timely projects being pursued by the dynamic researchers, clinicians, and gerontology Change AGEnts. Due to space limitations, this list is short and reflects just a few of the projects that I personally found fascinating. For a more complete list of the projects, please go to the website.

Mercedes Bern-Klug, working with Honoring Your Wishes in Iowa City, IA, uses the Respecting Choices evidence-based best practice to train staff on how to engage in advance care planning conversations with residents and family members as well as how to make the system changes in support of person-centered care.

Carolyn E Ziminski Pickering, of Michigan State University, in East Lansing, MI, is working on a project to create temporary “safe housing” nursing home stays for older adult victims of abuse/neglect by allowing compensation by the Crime Victims Compensation Fund.

Amy Turk works with the Downtown Women’s Center and its Health Home Connect (HHC) Project in Los Angeles, CA, in order to couple supports and services with housing to better address homelessness. HHC has reduced unnecessary emergency health care and returns to homelessness. They are effective advocates for regulations, program waivers, and legislation that enable them to serve this population of older adults experiencing homelessness. As Amy described her experience: “I’ve also appreciated the investment that has been made in my professional growth. Because of the Hartford supported Change AGEnts Initiative and the Practice Change Leader program, I’m a better advocate, public speaker, systems changer, and dedicated social worker! Additionally, my nationwide network of amazing advocates working tirelessly to improve healthcare for older adults continues to grow because of this program … I look forward to seeing the great work shared at future conferences and the Change AGEnts Online Platform”.

Other Change AGEnts are using their knowledge and skill for great causes, including: integrating community based palliative care into primary care; strengthening workplace leave for caregivers; improvements in public sector housing; coverage for evidence based programs for self-management; and provider reimbursement for telemedicine services to improve care access.

Well, that is just a sampling of the great work and deeds of the Hartford Change AGEnts Initiative from my Washington, DC, point of view. I hope the Change AGEnts inspire you.

As author Dan Millman said, “The secret to change is to focus all of your energy not on fighting the old, but on building the new.”
Federal Funds Slated for Alzheimer’s Epidemiology, Cognitive Resilience

The National Institute on Aging (NIA) is encouraging investigator-initiated grant applications addressing the epidemiology of Alzheimer’s disease (AD) as well as protective factors for cognitive health and resilience. All projects in cognitive epidemiology and genetics/genomics relevant to AD are welcome. The NIA especially encourages projects or revisions to projects that propose augmenting existing longitudinal cohort studies; enabling precision medicine for AD; enhancing the power of multi-ethnic cohort studies; exploring trends in the risk of AD and their explanation via putative risk and protective factors; collecting and sequencing DNA samples from well-characterized cases and controls; electronic archiving of cohort studies; harmonizing complex data sets relevant to AD; and harmonizing dementia assessment to enhance cross-national comparisons. Further information can be found at 1.usa.gov/1WvFSSw.

NIH Designates Funds for BRAIN Initiative

Many agencies within the National Institutes of Health (NIH) have issued a funding opportunity announcement in support of the NIH Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative, aimed to support transformative discoveries that will lead to breakthroughs in understanding human brain function. Guided by a long-term scientific plan, known as BRAIN 2025: A Scientific Vision, this funding opportunity specifically seeks to support efforts that will revolutionize understanding of the biological activity underlying, and bioinformatics content of, data collected using contemporary non-invasive functional brain imaging techniques. The hope is that these transformative discoveries will lead to breakthroughs in understanding the dynamic activity of the human brain. Applications for this funding opportunity are due January 6, 2016. Additional information can be found at 1.usa.gov/1WvFSSw.

Grants to Focus on Alcohol’s Health Effects

The National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute of Neurological Disorders and Stroke (NINDS), and the National Institute on Aging are welcoming cooperative agreement applications for implementation of investigator-initiated randomized controlled clinical trials on alcohol’s effects on neurological diseases, most especially stroke, and the health issues that are associated with aging. Applicants must be able to begin the trial without further planning activities when the grant is awarded. Therefore, investigators who have already completed planning activities through the NIAAA-funded clinical trial planning grant are expected to apply. The randomized controlled clinical trials are expected to be hypothesis-driven, milestone-defined, related to the research missions of both NIAAA and NINDS, and considered high priority by the participating institutes. Consultation with scientific/research staff is strongly encouraged prior to the submission of the clinical trial implementation application. Letters of intent are due December 12 and applications are due January 12, 2016. Visit 1.usa.gov/1hJpnCK for more detail.

NIA Requests Feedback on Large Scale Clinical Trials

The Division of Geriatrics and Clinical Gerontology (DGCG) at the National Institute on Aging (NIA) supports clinical trials on topics relating to aging and older adults. Researchers with interest in trials whose direct costs are less than $2 million per year are encouraged to contact the Clinical Trials Branch staff at gcgquery@mail.nih.gov. The DGCG also invites suggestions from the scientific community regarding needs for large clinical trials (more than $2 million direct and/or more than $3 million total costs per year) in topics areas relevant to DGCG’s mission. These suggestions will be used in the planning process to select high priority topic areas in which significant existing knowledge indicates the need for large clinical trials to provide more definitive information on risks and benefits of interventions for diseases and conditions in older adults. The DGCG supports research on health and disease in the aged as well as research on aging over the human life span including its relationships to health outcomes. The DGCG comprises three major research areas: geriatrics, clinical gerontology, and clinical trials. To find out more about this request for information, visit 1.usa.gov/1VXofym. Comments are due by May 9, 2016.

Proposals Sought to Understand Impact of Brain Aging on Alzheimer’s

A new funding opportunity from the National Institute on Aging (NIA) is being offered to establish the role and impact of brain aging in the development and progression of Alzheimer’s disease (AD). The NIA states that comprehensive and integrative characterization of brain aging will help to define the mechanisms underlying the shift from healthy brain aging to the neuropathological processes of AD — knowledge that is critical for the design and development of effective interventions. Cross-disciplinary approaches to integrate findings on AD with research on the basic biology and neurobiology of aging are encouraged. Applications are due December 16. Further details can be viewed at 1.usa.gov/1NgobCi.
ESPO Examines Grant Proposal Components

By Glenna S. Brewster, PhD, FNP-BC, RN

Grants are written for different reasons, some of which include: funding for research and other projects, helping to support students in academic settings, and covering salary for support staff. Also, in academic settings, the receipt of grants is usually a criterion for tenure and promotion. This article will discuss some sections of a typical grant proposal and provide some tips on how to prepare for and write a competitive grant proposal. A typical grant proposal may include, but is not limited to, the following sections: an abstract, specific aims, and research design and methods.

Sections of a Grant Proposal

The abstract should stand separate from the grant proposal and should accurately and concisely describe the grant proposal. The specific aims section should be succinct and logical. The opening sentence should catch the readers’ attention and establish relevance. The next section should then discuss what is currently known about the topic of the proposal. Next, identify the gap in the knowledge base that makes your proposal important. Include a sentence or two that point out the long-term impact of your research and provide a rationale of how your research will add to the current knowledge and advance the field. The subsequent paragraph should identify the actual aim(s) of the proposal with hypothesis or hypotheses. Conclude this section with a paragraph that addresses the expected outcomes of each aim and a general outcome which should be connected to the objective of the research.

The research strategy section includes the research design, expected outcomes, and potential problems and alternative strategies. For each aim, review the literature and include pilot data results, if available. The design should address the method(s) that will be used, the subjects, measurements, statistical analyses, expected findings, the interpretation of the expected results, and a timeline with the major proposed activities of the study. Be sure to discuss problems that may arise and solutions to these potential problems.

Other parts of an application are profiles on key personnel, the budget with justification, and letters of support. Draft an example of the letters of support and deliver them to the persons writing the letters; offer each individual the options of writing a new one, making modifications to your letter, or using it as-is.

Tips for Writing Grant Proposals

After identifying the grant for which you will apply, read the grant instructions carefully for the specifics then create a checklist for the requirements.

In order to understand how to shape your grant, read some sample grants which are usually provided on the funder’s website.

Create a writing schedule allowing for time to receive feedback from colleagues and make changes to the proposal based on their feedback. Dedicate at least one-to-two hour blocks of time to write daily. Protect this time and keep this appointment with yourself.

When writing the grant, highlight key words and phrases to direct reviewers to important components of the proposal. Use current literature, statistics, and other resources to describe and justify the importance and need for the proposal.

Avoid specialized words and abbreviations.

Use diagrams and visuals to convey information. These visuals will also serve to illustrate relationships that may be challenging to clarify with words only.

Submit your application early to avoid the problems associated with online submission.

Researchers increase the opportunity to be awarded grant funding if they first target the right organization to submit the grant, and second, submit a concise and well-thought out proposal which will enhance current knowledge and positive long-term implications. A worthwhile text on this topic is “The Grant Application Writer’s Workbook” by Stephen W. Russell and David C. Morrison. ESPO also recently hosted a grant writing webinar, accessible at www.geron.org/webinar.

Committee and one of the architects of The Mentoring Effect, “We have set up ways in which mentor and mentee can control their personal limits and clarify their mentoring needs in an on-line environment accessible 24/7. Because these will be time-limited interactions, we believe that the mechanism will meet an important need — how to connect with someone whose skills can be shared.”

To enroll as a mentor or mentee, log in at connect.geron.org/mentoring. Upon answering profile questions, users can search the mentoring directory to find a match. The flexibility of the program allows mentors and mentees to define their own goals for the relationship and evaluate at the end of three months. Mentor Match will pair members on a rolling basis; there are no cohorts or defined enrollment periods.

“Given the older adult global workforce shortage we are facing, it is critical that we adequately aid and develop the next group of gerontologists,” said Elizabeth Hahn Rickenbach, PhD, chair of GSA’s Emerging Scholar and Professional Organization (ESPO).

“Tools like Mentor Match will help ESPO members benefit from the knowledge and expertise of longtime members while student members can share their experiences and what they expect for the future of the field.”
issues facing Americans as they age. Continuing fellowship grants also are being provided to allow 12 previous fellows to participate in the meeting. A continuously updated list of stories generated by the program is available at www.geron.org/journalistfellows.

The program is co-directed by Todd Kluss, MA, GSA’s senior manager of communications, and Paul Kleyman, senior editor of NAM’s ethnic elders newsbeat. Kleyman also is the founder and national coordinator of the Journalists Network on Generations, which includes more than 1,000 writers on aging.

The new fellows are listed below:

David Bacon (Contributor, Capital & Main)
Project: Aging immigrant indigenous farm workers in California.

Marcela Paulina Cartagena (Editor/Reporter, La Raza Newspaper)
Project: Chicago’s Spanish-speaking Latino elders being abandoned, abused and depressed, whether at home or in nursing homes.

Lotus Chau (Chief Reporter, Sing Tao Daily)
Project: A comprehensive picture of Alzheimer disease among Asian Americans who suffer from dementia in New York City.

Kar F. “Geoff” Chin (Senior Writer/Contributing Writer, Media Central, Inc./America Commercial News)
Project: An examination of the Tzu Chi Foundation’s work in multiethnic areas of Los Angeles County aimed at integrating religion and spiritual elements in psychotherapy for elders.

Julian Do (Contributor, Al Enteshar)
Project: The status of Arab elders and the role of Arab American community centers in helping them access health care and services.

Lisa Esposito (Health Reporter, U.S. News & World Report)
Project: Isolation among older adults who desire to live independently, including gaps in health care and social connections for the 40 percent of U.S. seniors who live alone.

Anna Gorman (Senior Correspondent, Kaiser Health News)
Project: How hospitals treat frail elders, with emphasis on medication management for multiple chronic diseases, weakened mobility on discharge due to hospital care practices, and hospital admission of frail seniors.

Carolyn Guniss (Executive Editor, Miami Times)
Project: Profiles of largely African American inmates held for 20 or more years, and a study of reentry programs and how they relate to older ex-offenders.

Emily A. Gurnon (Senior Editor for Health and Caregiving, PBS Next Avenue)
Project: Abuses in the adult guardianship system.

Diane Lade (Aging Issues Writer, South Florida Sun Sentinel)
Project: Senior hunger, focusing on senior food insecurity and nutrition gaps in Florida’s massive retirement communities.

Nell Lake (Freelance Contributor, Boston Globe)
Project: Immigrant women on the front lines of long-term care.

Sarah Macareg (Contributor, Truthout)
Project: How the health of Chicago’s Chinese elders is interconnected with the health of its service providers, especially the Chinese American Service League.

Karen Michel (Freelance Contributor, America Abroad Media)
Project: How members of the Tibetan diaspora continue or modify traditional practices around the dying and the dead in the U.S.

Robert A. “Bob” Rosenblatt (Freelance Contributor, Los Angeles Times)
Project: How Medicare, Medicaid, doctors, insurers and patients will handle the expense and use of drugs curing Hepatitis C.

Diane Joy Schmidt (Freelance Contributor, New Mexico Jewish eLink)
Project: Profiles of older Jews who moved to New Mexico more than 20 years ago and gained a greater sense of connection to their Jewish roots.

Sheri Stuart (Freelance Contributor, Inland Valley News)
Project: The economic downturn’s impact on African American wealth loss.

Tyler Tjomsland (Staff Photographer, The Spokesman-Review)

Linda Valdez (Editorial Writer/Columnist, The Arizona Republic)
Project: An investigation of state-of-the-art neurological research regarding physical changes in the brain as a result becoming involved in creative endeavors.
Americans’ Heart Age Outpacing Their Chronological Age
According to a new U.S. Centers for Disease Control and Prevention (CDC) Vital Signs report, three out of four U.S. adults have a predicted heart age that is older than their actual age. This means they are at higher risk for heart attacks and stroke. This is the first study to provide population-level estimates of heart age and to highlight disparities in heart age nationwide. The report shows that heart age varies by race/ethnicity, gender, region, and other sociodemographic characteristics. CDC researchers used risk factor data collected from every U.S. state and information from the Framingham Heart Study to determine that nearly 69 million adults between the ages of 30 and 74 have a heart age older than their actual age. That is equivalent to the number of people living in the 130 largest U.S. cities combined. Some key findings in the report include: overall, the average heart age for adult men is eight years older than their chronological age, compared to five years older for women; although heart age exceeds chronological age for all race/ethnic groups, it is highest among African-American men and women (average of 11 years older for both); among both U.S. men and women, excess heart age increases with age and decreases with greater education and household income; and there are geographic differences in average heart age across states. For more information, visit cdc.gov/heartdisease and cdc.gov/stroke. Visit millionhearts.hhs.gov to learn about Million Hearts, a national initiative to prevent 1 million heart attacks and strokes by 2017. Vital Signs is a report that appears on the first Tuesday of the month as part of the CDC journal Morbidity and Mortality Weekly Report. The report provides the latest data and information on key health indicators. These include cancer prevention, obesity, tobacco use, motor vehicle passenger safety, prescription drug overdose, HIV/AIDS, alcohol use, health care-associated infections, cardiovascular health, teen pregnancy, food safety, and viral hepatitis.

Report Finds Growing Gap in Life Span by Income for Entitlement Programs
As the gap in life expectancy between the highest and lowest earners in the U.S. has widened over time, high earners have disproportionately received larger lifetime benefits from government programs such as Social Security and Medicare, says a new congressionally mandated report from the National Academies of Sciences, Engineering, and Medicine. This document, “The Growing Gap in Life Expectancy by Income: Implications for Federal Programs and Policy Responses,” looked at life expectancy patterns among a group of Americans born in 1930 and compared those with projections for a group born in 1960. Men born in 1930 in the highest of five earnings levels who survived to age 50 could expect to live to be about 82 years old, on average, while men born in 1960 in the same earnings bracket are projected to live an average of 89 years. In contrast, life expectancy for men with the lowest earnings was found to decline slightly, from 77 years old on average for men born in 1930 to 76 years old on average for men born in 1960. The projections for women show a similar pattern, in that life expectancy gains have been larger for higher earners than lower earners. To evaluate the effect of the widening life-span gap on benefits received from Social Security, Medicare, and Medicaid, the authors of the report simulated the levels of benefits received by a generation with the lifespans of those born in 1930 and compared them with the benefits received by a generation with the lifespans of those born in 1960. The new report can be downloaded for free at bit.ly/1OzOt4r.

ESPO’s Networking Webinar Posted Online
GSA’s Emerging Scholar and Professional Organization (ESPO) hosted the fourth installment its Professional Development Webinar Series, titled “Networking: Building Solid Career Connections for Emerging Scholars and Professionals,” on October 2. The webinar focused on the ability to network as a fundamental cornerstone to building strong professional relationships. It was led by GSA members Jaime Hughes, MPH, MSW, and Katherine Hall, PhD. They discussed how successful networking can advance one’s career in the field of aging through attainment of career goals, promoting collaboration and mentorship, and enhancing grantsmanship, and also how individuals can apply these skills during the upcoming GSA Annual Scientific Meeting in Orlando. To access this webinar and all GSA webinars, visit geron.org/webinar.

The Gerontology Program at the University of North Carolina at Charlotte invites applications for a tenure track assistant professor position to begin on August 15, 2016.

Required Qualifications: (1) an earned doctoral degree in gerontology or related discipline at the time of appointment; (2) the ability to teach both undergraduate and graduate courses in the discipline and in the candidate’s areas of specialization; (3) the potential to develop an ongoing research agenda, including the pursuit of extramural funding; and (4) experience in community or clinical engagement. Candidates are expected to have a commitment to promoting diversity.

Preferred Qualifications: (1) strong methodological skills; (2) an active research agenda, and the potential for securing external funding. The area of specialization is open but preference will be given to candidates with teaching and research skills in family caregiving across the life cycle, cognitive aging, or healthy aging support services.

Apply electronically at https://jobs.uncc.edu position #004970.

For additional information, please contact Dr. Julian Montoro-Rodriguez at jmontoro@uncc.edu or (704) 687-6166. Review of applications will begin November 15, 2015 and will continue until the position is filled.
Report Calls on Ottawa to Establish National Seniors Strategy
A new report from the Institute for Research on Public Policy’s Task Force on Aging, “Designing a National Seniors Strategy for Canada,” contains more than 30 concrete recommendations to meet the needs of older Canadians, from the points of view of care, community and the organization of work. It draws on a comprehensive review of the latest research on issues affecting older Canadians, a consultation exercise that included a series of interviews with experts and stakeholders, as well as a round table discussion. According to the task force, only the Canadian government can compel all the players to adopt a truly integrated and comprehensive approach and ensure that seniors across Canada receive comparable services, regardless of where they live. The task force members also insist that the strategy must go beyond health care and include “age-friendly communities, social and economic policy, and the social determinants of health.” Moreover, the strategy must avoid turning into an intergovernmental tug-of-war and instead put the individual at the center. “Designing a National Seniors Strategy for Canada” can be downloaded at irpp.org/research-studies/report-2015-10-07.

Asian Countries Face Loss of Human Capital as Workforces Age
“Wisdom in the Workforce: Unlocking the Economic Value of Asia’s Aging Population,” recently released by the Milken Institute, evaluates crucial skill shortages and identifies methods to harness the strength of the mature workforce in Asia. Further, it points out that with the aid of public policies and strategic private-sector employment practices, older workers can provide an effective solution that magnifies Asia’s success. The report examines trends and makes policy recommendations for five countries: China, India, Japan, South Korea, and Singapore. It states that in addition to addressing private-sector demand, keeping people employed longer would generate a range of macroeconomic and societal benefits for these nations. The five nations studied are likely to confront labor shortages within a generation’s time. To overcome such challenges, the report identifies strategies tailored to each countries particular conditions. The report is available for download at milkeninstitute.org/publications/view/740. In addition, complete information about the Milken Institute Asia Summit, which was held in September in Singapore, including the full program and list of speakers, is available at milkeninstitute.org/events/conferences/summit/asia-summit-2015.

UNIVERSITY OF CALIFORNIA, DAVIS

Latino Aging Research Resource Center
Pilot Grant Program 2016-2017

The UC Davis Latino Aging Research Resource Center is seeking applications for pilot research grants, which are supported by the National Institute on Aging. The maximum grant amount is $25,000. The center is one of seven Resource Centers for Minority Aging Research in the United States.

The grants are available to early career researchers (e.g., assistant professor level) interested in studying issues broadly related to Latino cognitive/brain aging and health care, including studies of risk factors, biomarkers, access to and quality of care, caregiving, clinical and community-based interventions.

To be eligible for consideration, grant applications must be received no later than 5 p.m. (PT) on Friday, March 4, 2016. For UC Davis Latino Aging Research Resource Center Pilot Grant Application instructions please visit: https://www.ucdmc.ucdavis.edu/latinoaging/pilot_program.html

Applications may be delivered via email in PDF format to: Jayne La Grande (jmlagrande@ucdavis.edu). Inquiries should be directed to Ladson Hinton (lwhinton@ucdavis.edu), director, Latino Aging Research Resource Center, 916-734-3485.

The project period will be July 1, 2016—June 30, 2017. A total of 3-4 pilots will be funded.
UT Austin Set to Establish DNP Program
The University of Texas at Austin School of Nursing has received final approval from the Texas Higher Education Coordinating Board to launch a Doctor of Nursing Practice (DNP) Degree program, a professional doctoral program designed to prepare graduates for today’s increasingly complex health care practice and clinical leadership roles. The two concentrations of the DNP program will be advanced practice and executive leadership, and the curriculum will emphasize clinical and leadership skills. Graduates will be prepared to translate nursing research into evidence-based standards of care while contributing to health care teams that improve patient outcomes. The degree is intended to complement the university’s current professional practice doctoral programs, such as the PharmD and soon-to-be-offered MD. The start date of the DNP program is scheduled for January 2016.

CDC Names Six Centers to Accelerate Health Care Innovations
The U.S. Centers for Disease Control and Prevention (CDC) has awarded a total of $11 million to six academic institutions to identify possible new and improved ways to prevent the spread of infectious diseases like Ebola in health care facilities. These six new American academic institutions join the CDC’s five existing epicenters working to discover new ways to protect patients from dangerous germs. The goal is to help doctors and nurses better protect the health and safety of their patients, and each other, from high-risk disease threats. The additional institutions funded to identify infectious disease-related innovations from 2015 to 2018 are: Emory University; The Johns Hopkins University; University of Illinois, Chicago; University of Iowa; University of Maryland, Baltimore; and University of Utah. The new prevention epicenters will focus on projects that prevent the spread of infectious germs in health care facilities, including Ebola virus; evaluate best approaches to using personal protective equipment; and study novel approaches to minimizing the role of the health care environment in germ transmission. For more information on the Prevention Epicenter Program and past awardees, visit www.cdc.gov/hai/epicenters.

Rhode Island Launches RN-to-BS Degree Program
The University of Rhode Island (URI) has introduced a new fully online Registered Nurse-to-Bachelor of Science in Nursing Degree program. Offered through the university’s College of Nursing, the program will meet the needs of working registered nurses while addressing the shortage of those with bachelor’s degrees throughout New England and beyond. It can be completed in as few as 15 months, depending on the number of credits students transfer. The Commission on Collegiate Nursing Education has recommended an increase in the proportion of nurses with baccalaureate degrees from 50 to 80 percent by 2020. This was in response to research showing that hospitalized patients have improved outcomes when cared for by registered nurses with bachelor’s degrees.
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Apply to Florida State University at jobs.fsu.edu. Job ID: 38083

Please submit a letter of application, curriculum vitae, and arrange for three letters of recommendation to be sent to Megan MacPherson, Search Committee Chair.

Review of applications will begin as applications arrive and will continue until the position is filled. All questions about this position should be directed to Dr. MacPherson at megan.macpherson@cci.fsu.edu or (850) 644-8465.

FSU is an affirmative action/equal employment opportunity employer and is dedicated to recruiting a diverse faculty community. Women and minorities are encouraged to apply.

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