Statement From GSA Presidential Candidates

Carol D. Austin
University of Calgary
This nomination is a great honor. GSA has and will continue to provide an essential venue for socializing and mentoring emerging cohorts of gerontologists. My own experience is illustrative. I presented at my first GSA meeting in 1978. GSA became my primary professional association. I became an active member. Among other GSA activities, I have been elected SRPP Section Chair and GSA Secretary. I have served on GSA Council for 6 years. This experience provided valuable insight into finding balance among diverse perspectives, meeting complex operational challenges, and sustaining GSA’s commitment to multidisciplinary gerontological research in a changing environment.

I have held academic appointments at the University of Wisconsin-Madison, University of Minnesota, University of Washington, Ohio State University, and University of Calgary, as well as positions in delivery systems serving older adults including the Department of Veterans Affairs and Group Health Cooperative of Puget Sound.

Lisa P. Gwyther
Duke University
GSA has been my beacon of energy and inspiration for 26 years as I have moved from presenter to SRPP Fellow and Chair, and through annual program co-chair, editor, and editorial board member. GSA has expanded the breadth, depth, and scope of its collective expertise; its respect for an expanding range of disciplinary strengths; and its opportunities for creative cross-disciplinary collaborations. It also promotes career paths like mine that bridge practice, education, research, and policy while addressing critical issues of quality of lives in an aging society.

As a social worker in an academic medical center, I have developed and contributed to the Duke Aging Center Family Support Program, health services research, education for an NIA Alzheimer’s Disease Research Center, and federal and professional policy panels. My career has been about communication, connecting scientists and clinicians, and interpreting research findings.

Let’s Celebrate…Then Back to Work

Responding to a Call for Action, GSA members helped pass a critical amendment, offered by Senators Arlen Specter (R-PA) and Tom Harkin (D-IA), that reinstates $7 billion that was cut from the Labor-HHS, Education discretionary funding in the President’s Budget. This amendment restores the funding to FY 2005 levels. The amendment passed by a 73 (for) to 27 (against) vote. While the significant victory margin is a good sign, continued pressure is needed as the amendment needs to survive in the Conference on this appropriations bill (a committee comprised of members from both the House and Senate).

Specifically, the amendment would restore cuts to the Function 500 (health) and 550 (education) funds that include important aging programs at NIH and Title VII geriatrics and gerontology training (including Geriatric Education Centers), as well as program such as Community and Social Service Block Grants, Meals on Wheels, and many other education, training, and employment for young, old, and disabled.

Every GSA member is urged to get involved in this issue. Your voice can make a difference. Without this amendment, our future work is in jeopardy. GSA will send out Alerts to keep you updated and to let you know about opportunities for further action. Make sure GSA has your current email address, so you don’t miss out on these important notices, (send updated email addresses to geron@geron.org).
Austin Continued
During my tenure as Director of the Ohio Department of Aging, Ohio adopted its first Eldercare budget. These positions provided invaluable opportunities for knowledge transfer and for the integration of gerontological research into program and policy development and the legislative process.

Since relocating to Canada, I have been engaged in innovative research, education, and program development, while also continuing participation in U.S.-based activities. My current work has focused on a collaborative research and demonstration effort (Elder Friendly Communities), designed to enhance civic engagement among older adults through neighbourhood-based community development. This program is being replicated in Adelaide, South Australia. In 2003 we launched the first graduate Social Work concentration in gerontology in Canada at the University of Calgary. I am a member of the Canadian Association on Gerontology. I have provided consultation to the John A. Hartford Foundation, the University of Pennsylvania (SHARE Awards Program), and the Robert Wood Johnson Foundation, currently as member of the National Advisory Committee for the Community Partnerships for Older Adults Program. I recently guest edited a special issue of Families in Society entitled the “Future of Social Work with Older Adults.” My participation in Canadian and American contexts has been an enriching experience, providing invaluable perspectives on research, policy, and service delivery.

Those of us who are currently active in GSA are truly standing on the shoulders of giants, those visionary gerontologists who gave the Society its mission and dedication to multidisciplinary scientific discourse. Today, GSA’s commitment to research, education, policy, and practice reaffirms this mission. This focus and culture must be sustained, as GSA now occupies an essential niche among scholarly associations. In a world that is currently awakening to the imminent challenges of aging societies, this niche is even more critical. I would be privileged to serve as GSA president.

Gwyther Continued
for diverse constituencies. Complex aging, chronic illness, technology, and genetic issues have captured the public interest. GSA is the premier scientific voice, interpreting the complex interplay among the biopsychosocial aspects of aging. Now, I hope to help GSA move public debate beyond the despairing “the boomers are coming” to positive recognition of the opportunities and challenges to an aging society beginning with basic aging research.

Aging research must be multisite, multicultural, and multidisciplinary; it must also be translational and inform individual, family, and community decision-making. I was exposed to this multilayered world as the first John Heinz Fellow in Aging and Health and spent six months in former Senate Majority Leader George Mitchell’s Washington office. This experience confirmed the necessity of translating basic research outcomes to inform practice and policy. I believe that GSA will make its most significant contributions through such translation and by continuing to expand its coalitions to support policy priorities like reducing threats to health care quality, coverage, and training and by supporting funding for basic and applied research.

My vision for GSA is to encourage participation and leadership of our basic and clinical investigators on key professional, practice, and policy panels. These panels set standards of care and community responses to aging issues. White papers are helpful, but we need to move the ideas in those white papers to life. GSA’s recent initiatives to infuse aging content in professional curricula and continuing education mirror my views about effective strategies to prepare for the increased demand for aging expertise. GSA, AGHE, and the National Academy are well-positioned to expand knowledge and encourage professionals and community leaders to prepare for an aging society. I am honored to be nominated as GSA President at this important time, and I look forward to engaging the membership as we address the challenges ahead.
Bernard Elected to ILC Board
Marie Bernard, Chair of the Donald W. Reynolds Department of Geriatric Medicine at the University of Oklahoma College of Medicine, was one of four people recently elected to the Board of Directors of the International Longevity Center-USA.

GSA Members Take on AARP Leadership Roles
Jennie Chin Hansen, the former Executive Director of On Lok, a cost-effective alternative to nursing homes that served as the prototype for the national program called Program of All-Inclusive Care for the Elderly (PACE), has been elected President-Elect of AARP.

The Board of Directors of AARP recently approved the appointment of William J. Hall, MD, to a six-year term on its Board, starting this April. Dr. Hall is Professor of Medicine and Director of the Center for Healthy Aging at the University of Rochester School Of Medicine.

Physician Certification Scam
Two related organizations—the American Board of Geriatrics (ABG) and the American College of Geriatrics (ACG) are soliciting geriatricians and other physicians for purposes of offering them certification. The American Geriatrics Society, the only organization that is authorized to offer board certification in geriatrics, has mounted an alert on their web site at: https://www.americangeriatrics.org/news/American_Board_of_Geriatric_Medicine.shtml. The Attorney General of the State of Florida is pursuing action against these two organizations.

Covinsky and Others Develop Test to Predict Mortality
Using data from a national health survey of nearly 12,000 community-dwelling adults aged 50 or older, GSA member Kenneth E. Covinsky, MD, MPH, and Sei Lee, and their colleagues at the San Francisco Veterans Affairs Medical Center and the University of California at San Francisco developed a 12-question prognostic test that accurately predicts 4-year mortality. Their research, published in the February 15 Journal of the American Medical Association (JAMA) made headlines across the country. The test takes into account demographic variables, health conditions, and functional difficulties. Dr. Covinsky emphasized that the test isn't something patients should take and interpret without a healthcare professional, because there are a number of circumstances that would make the results inaccurate for individual patients.

Long-time GSA Leader Dies
Jack Botwinick, PhD, died in St. Louis, MO, on February 12, 2006, after a brief illness. Jack was a Fellow of GSA, former Chair of the BSS Section and served on GSA Council and many committees and work groups. He won the GSA's Kleemeier Award for outstanding research and the Brookdale Award for outstanding contributions to research on aging. He was a research scientist in the laboratory on aging at the National Institute of Mental Health and a faculty member in the Gerontology Center at Duke University before joining the faculty of Washington University in St. Louis in 1968 as Professor of Psychology and Neurology and Director of the Aging and Development Program in the Department of Psychology where he remained until his retirement in 1988. Expressions of sympathy can be sent to Mrs. Joan Botwinick, 511 Westview Dr., St. Louis, MO 63130.
Jobs in the Aging Field

April brings with it better weather and the realization that the academic year is coming to a close. For undergraduate ESPO members who are approaching graduation, as well as those of us who continuously consider and re-consider what we are going to do “when we grow up,” this article will point you in the direction of some great resources for people considering a career in aging.

There are a number of different ways to work in the aging field, whether it is in a “hands-on” capacity or in a career with a more academic focus. Professionals specializing in older populations are in high demand in social service organizations, long-term care, councils on aging, and increasingly, in business settings. Taking advantage of internship and volunteer opportunities in areas you find interesting will provide you with insight into individual jobs and help you develop professional contacts who may assist in job placements down the line.

Graduate programs in Gerontology provide training for research, policy, and administrative careers in aging. Although the list of jobs people take after graduate school is as diverse as the people themselves, many find themselves leaning towards policy analysis, conducting research, teaching at the college level, or working in a clinical setting. Graduate programs in Gerontology are becoming more common—many colleges and universities offer Master’s programs, and an increasing number of schools offer Ph.D. programs. Students interested in pursuing a graduate career should look at the school’s Web site and marketing materials and speak with faculty and students to find out the program’s focus and the types of jobs graduates typically pursue.

AGHE’s “Careers in Aging” Web site (www.careersinaging.com) is a great resource for people considering jobs in the aging field. This Web site provides information on the types of jobs available for people interested in working in aging, and offers advice for job seekers. Graduate students and professionals may also be interested in the funding opportunities that the Web site highlights.

GSA’s AgeWork Web site (www.agework.com) is a great resource for those seeking jobs in the aging field. It allows you to post your resume for potential employers to view, search for jobs, and receive e-mail notifications as new jobs are posted. Other online job search databases such as www.Monster.com, as well as the Help Wanted sections of local newspapers, are more mainstream tools but are certainly useful in the job search. Finally, the federal and state governments frequently employ specialists in aging, so you may want to check out their Web sites as well.

There are many great opportunities for people interested in working in the aging field. Good luck finding yours!

International Careers in Aging Week

April 17 - 21, 2006

Does your school have activities planned?

Last year more than 100 schools participated.

For more information, go to www.careersinaging.com
Join The Gerontological Society of America for the 59th Annual Scientific Meeting.

Adams Mark Dallas
November 16 – 20 2006 Dallas, TX

Come celebrate the 30th Anniversary of GSA’s Humanity & Arts Committee!
An event not to be missed!

See Y’all in Dallas!
Dramatic Changes in U.S. Aging
Highlighted in New Census, NIH Report

The U.S. Census Bureau has just released a report, 65+ in the United States: 2005, which was prepared for the National Institute on Aging to provide a picture of the health and socioeconomic status of the aging population at a critical time in the maturing of the United States. It highlights striking shifts in aging on a population scale and also describes changes at the local and even family level, examining, for example, important changes in family structure as a result of divorce.

Among the trends noted in the report:

• The United States population aged 65 and over is expected to double in size within the next 25 years. By 2030, almost 1 of every 5 Americans—some 72 million people—will be 65 years or older. The age group 85 and older is now the fastest growing segment of the U.S. population.

• The health of older Americans is improving. Still, many are disabled and suffer from chronic conditions. The proportion with a disability fell significantly from 26.2 percent in 1982 to 19.7 percent in 1999, but 14 million people age 65 or older reported some level of disability in Census 2000, mostly linked to a high prevalence of chronic conditions such as heart disease or arthritis.

• The financial circumstances of older people have improved dramatically, although there are wide variations in income and wealth. The proportion of people aged 65 or older in poverty decreased from 35 percent in 1959 to 10 percent in 2003, mostly attributed to the support of Social Security. In 2000, the poorest fifth of senior households had a net worth of $3,500 ($44,346 including home equity) and the wealthiest had $328,432 ($449,800 including home equity).

• Geographically, Florida (17.6 percent), Pennsylvania (15.6 percent), and West Virginia (15.3 percent) are the “oldest” states, with the highest percentages of people aged 65 or older. Charlotte County, Fla. (34.7 percent) gets top honors among counties, and McIntosh County, N.D. (34.2 percent) ranks second.

• Higher levels of education, which are linked to better health, higher income, more wealth, and a higher standard of living in retirement, will continue to increase among people aged 65 and older. The proportion of Americans with at least a bachelor’s degree grew fivefold from 1950 to 2003, from 3.4 percent to 17.4 percent. By 2030, more than one fourth of the older population is expected to have an undergraduate degree. The percentage completing high school quadrupled between 1950 and 2003, from 17.0 percent to 71.5 percent.

• As the United States as a whole grows more diverse, so does the population aged 65 or older. In 2003, older Americans were 83 percent non-Hispanic White, 8 percent Black, 6 percent Hispanic, and 3 percent Asian. By 2030, an estimated 72 percent of older Americans will be non-Hispanic White, 11 percent Hispanic, 10 percent Black, and 5 percent Asian.

• Changes in the American family have significant implications for future aging. Divorce, for example, is on the rise, and some researchers suggest that fewer children and more stepchildren may change the availability of family support in the future for people at older ages. In 1960, only 1.6 percent of older men and 1.5 percent of women aged 65 or older were divorced. By 2003, 7 percent of older men and 8.6 percent of older women were divorced and had not remarried. The trend may be continuing. In 2003, among people in their early 60s, 12.2 percent of men and 15.9 percent of women were divorced.

The report was prepared by Dr. Victoria Velkoff, chief of the Aging Studies Branch at the U.S. Census Bureau, and co-authors Wan He, Ph.D., Manisha Sengupta, Ph.D., and Kimberly A. DeBarros of the Population Division, U.S. Census Bureau.

The 243-page compendium examines in detail five key areas: growth of the older population (changes in age and racial/ethnic composition), longevity and health (life expectancy and causes of death), economic characteristics (income and household wealth), geographic distribution (by population and race), and social and other characteristics (marital status, living arrangements, and voting patterns). The report can be downloaded at http://www.census.gov.

Landmark Study Warns of Social Work Labor Force Shortages

The National Association of Social Workers (NASW) released the results of a national study of licensed social workers. The findings warn of an impending shortage of social workers that threatens future services for all Americans, especially the most vulnerable—children and older adults.

Among the key findings:

• The number of new social workers providing services to older adults is decreasing, despite projected increases in the number of older adults who will need social work services.

• The supply of licensed social workers is insufficient to meet the needs of organizations serving children and families.

• Workload expansion plus fewer resources impedes social worker retention.

• Agencies struggle to fill social work vacancies.

For complete information about NASW’s Center for Workforce Studies, which issued the study, and the national survey of licensed social workers in the United States, please visit http://workforce.socialworkers.org. Funding for the research was provided by The Atlantic Philanthropies, the John A. Hartford Foundation, the Annie E. Casey Foundation, and the Robert Wood Johnson Foundation.

Continued on the next page
New Report on Health Promotion in Older Adults

A New Vision of Aging: Helping Older Adults Make Healthier Choices is a new report from the Center for the Advancement of Health, developed in collaboration with the National Council on Aging and with funding from the Centers for Disease Control and Prevention. The report summarizes the evidence on the benefits of health promotion in older adults. It also identifies programs that effectively help older people to live longer and healthier lives by increasing physical activity, improving eating habits, and minimizing the risk of falling.

A PDF version is available on the Center’s web site, www.cfah.org.

Study Suggests Steps to Reduce Health Disparities

The United States is becoming more diverse every year, and the health care system needs to keep pace with its changing patient population. Collecting information on patients’ race, ethnicity, and language, and linking that information with measures of the quality of care, is a crucial first step in eliminating health disparities. However, many providers do not have a collection system in place. A study conducted by David W. Baker, M.D., M.P.H., and colleagues and published in the March issue of the American Journal of Public Health showed that allowing patients to describe their racial or ethnic background in their own words may improve the accuracy of such data. The study was funded by the Commonwealth Fund.

National Library of Medicine, Others Team in Innovative Approach to Teaching Internet Skills

Washington, DC—Recently, 42 residents of Edgewood Terrace, a residential complex for low-income seniors, proudly graduated from a model computer training course with the power to change lives—for the better.

“If I had only known about these web sites, I would have known what was happening to my body and what to look for,” said Geraldine McCray, a stroke victim, showing off a certificate declaring her proficient at being able to navigate the NIA/NLM web sites www.nihseniorhealth.gov and www.medlineplus.gov.

Like most of her classmates, McCray had never used a computer prior to enrolling in the Senior Internet Health Resources Model Training Program, a series of intensive two-hour computer labs in which students advance from switching on a computer to clicking confidently for information on diabetes, high blood pressure, senior sexuality, and other health topics.

Developed by the Washington, DC–based SPRY (Setting Priorities for Retirement Years) Foundation with funding from the National Institutes of Health’s National Library of Medicine, the program is centered on “hands on” learning in which participants learn basic navigational skills from an experienced computer trainer, assisted by “SINrs” (for Senior Internet Navigators)—fellow high-risk seniors already familiar with Internet technology and able to act as “first-responder” guides.

“This program debunks the myth that high-risk seniors aren’t interested and can’t learn to navigate the Internet for better health,” said Dr. Russell E. Morgan, Jr., SPRY president. Program partners included the Washington Hospital Center, The University of Maryland, and the non-profit Community Preservation and Development Corporation (funded by the federal Department of Housing and Urban Development). For more information, contact Dr. Russell E. Morgan, Jr., President, SPRY Foundation at morganr@spry.org or 202-216-8466.

Nintendo Brain-Training Game a Hit With Older Adults in Japan

An AP story out of Tokyo tells about a new brain-training game from Nintendo that targets Japan’s burgeoning grey market. The product, Brain Training for Adults, has a number and puzzle game that Nintendo says can stimulate the brain. Other recent DS software hits let players study English, raise a virtual puppy, or converse with animals in an imaginary village—all departures from traditional games that cater to young males with a focus on sports, shootings, and fist fights. Brain Training puts players on a daily regimen of number games, word puzzles, and reading exercises. It also lets players test their intelligence levels through IQ-type quizzes. It saves the results so that progress can be tracked or compared with that of others. The game has sold 3.34 million copies since its May 2005 launch.

A Boom in Distance Learning?

The U.S. Congress has recently moved to relax the “Fifty-fifty” rule that has required accredited colleges and universities to limit the number of off-campus students enrolled in distance learning programs to under fifty percent. It is widely believed that the relaxation of this rule will encourage a boom in distance learning programs of all kinds. But some critics believe that so-called “diploma mills” offering sub-standard certificates may also be likely to grow. In any case, gerontology education will need to pay attention to this rapidly evolving area in years to come.

Get more resources about Distance Learning and aging: http://news.aarp.org/UM/T.asp?A910.52851.2571.1.904349

Get a listing of Graduate Distance Learning Programs in gerontology: http://news.aarp.org/UM/T.asp?A910.52851.2571.2.904349

The Latest on Long-Term Care

AARP’s Public Policy Institute has released “Across the States: Profiles of Long-Term Care 2004.” This is a national overview of long-term care issues, followed by 51 state-specific profiles with the most current data available. These profiles, with 85 indicators for each state, provide a snapshot of each state’s demographics, need for long-term care, long-term care services, and financing. Each state is compared with other states through state rankings and national averages.

The book also provides data on housing, nursing home quality, the supply of long-term care workers, and Medicaid spending on nursing homes and home and community-based services.


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The study results show that small increases in fine particle air pollution and hospital admissions for heart- and lung-related illnesses. The largest ever conducted on the link between fine particle air pollution and health outcomes, the National Institutes of Health-funded study found that short-term exposure to fine particle air pollution from sources such as motor vehicle exhaust and power plant emissions significantly increases the risk for heart disease, vascular disease, heart failure, chronic obstructive pulmonary disease, and respiratory infection. For more information, visit http://grants.nih.gov/grants-guide/par-files/RFA-RM-06-006.html.

**Two New Funding Opportunities from NIH**

**Community Participation In Research (R21)**

Office of Behavioral and Social Sciences Research/NH/DHHS Program Number: 87280, E-mail: kbagley@ahrq.gov Program URL: http://grants1.nih.gov/grants-guide/par-files/PAR-06-247.html

The sponsor offers support for research on health promotion, disease prevention, and health disparities that is jointly conducted by communities and researchers. This PAR will use the NIH Exploratory/Developmental (R21) grant mechanism. Deadline(s): 04/17/2006; 04/17/2007; 05/17/2006; 05/17/2007. The deadlines for receipt of optional letters of intent are April 17, 2006 and 2007. The corresponding deadlines for receipt of full applications are May 17, 2006 and 2007. This program will expire on May 18, 2007. Link to full program description: http://www.infoed.org/new_spin/spin_prog.asp?87280

**NIH/NIA: Aging Research Dissertation Awards to Increase Diversity Grant**

The National Institute on Aging (NIA) announces the availability of dissertation awards (R36) in all areas of research within the Institute's mandate to increase the diversity of the research workforce on aging. These awards are available to qualified pre-doctoral students in accredited research doctoral programs in the United States (including Puerto Rico and other US territories or possessions). Contingent upon the availability of funds and the submission of a sufficient number of meritorious applications, the NIA expects to award $250,000 to $300,000 annually beginning in fiscal year 2007 to support 6 to 8 dissertation awards. Support is provided for up to two years. Total allowable costs per year are the current fiscal year National Research Service Award (NRSA) pre-doctoral stipend level ($250,000 to $300,000 annually beginning in fiscal year 2007 to support 6 to 8 dissertation awards). For more information, contact Admissions at (510) 642-9042. For more information, visit http://grants.nih.gov/grants-guide/par-files/PA-06-049.html.

**Training for a New Interdisciplinary Workforce, RFA RM 06-006**

This RFA is an initiative of the NIH Roadmap (http://nihroadmap.nih.gov/), a series of activities whose goal, in keeping with the NIH mission of uncovering new knowledge about the prevention, detection, diagnosis, and treatment of disease and disability, is to accelerate both the pace of discovery in these key areas and the translation of therapies from bench to bedside. For more information, visit http://grants.nih.gov/grants-guide/par-files/RFA-RM-06-006.html.

**Rose Kleiner Doctoral Fellowship in Aging**

The University of California, Berkeley School of Social Welfare has announced the Rose Kleiner Doctoral Fellowship in Aging. The Fellow will receive full support (tuition, fees and living expenses) for a minimum of four years to pursue doctoral studies in gerontology. For more information, contact Admissions at (510) 642-9042. For more information, visit http://grants.nih.gov/grants-guide/par-files/RFA-RM-06-006.html.

**NIH/NIA: Small Business Innovation Research Program Initiative**

NIA seeks small business applications in specific areas to enhance the coordination and optimization of the SBIR grant program across NIA's four programs of research: Behavioral-Social Research, Biology of Aging, Geriatrics and Clinical Gerontology, and Neuroscience and Neuropsychology of Aging. For more information: http://grants.nih.gov/grants-guide/par-files/PAR-05-026.html.

**Funding Opportunities**

Older Adults Have Higher Risk For Cardiovascular, Respiratory Disease From Fine Particle Pollution New data from a four-year study of 11.5 million Medicare enrollees show that short-term exposure to fine particle air pollution from such sources as motor vehicle exhaust and power plant emissions significantly increases the risk for cardiovascular and respiratory disease among people over 65 years of age. The study, funded by the National Institute of Environmental Health Sciences, a component of the National Institutes of Health, is the largest ever conducted on the link between fine particle air pollution and hospital admissions for heart- and lung-related illnesses. The study results show that small increases in fine particle air pollution resulted in increased hospital admissions for heart and vascular disease, heart failure, chronic obstructive pulmonary disease, and respiratory infection. For more information see http://jama.ama-assn.org/content/vol295/issue10/index.dtl.

ScienceNOW Daily News, “Getting the Lead In” By Erik Stokstad. New research shows that the stresses of urban life—a fear of crime, for example—can exacerbate the cognitive problems associated with exposure to lead in older adults. New findings come from a study of 1140 adults aged 50 to 70 years, who were randomly selected from 65 neighborhoods in Baltimore, Maryland. To read more see the article on the ScienceNow website. http://sciencenow.sciencemag.org/cgi/content/full/2006/307/2.
JOIN TODAY!
See reverse side for membership application.

About the Association for Gerontology in Higher Education (AGHE)

Established in 1974, the Association for Gerontology in Higher Education is a membership organization of colleges and universities that offer education, training, and research programs in the field of aging. AGHE currently has more than 300 institutional members throughout the United States, Canada, and abroad.

The purpose of AGHE is to foster the commitment of higher education to the field of aging through education, research, and public service. We provide:

(a) unity through common organization;
(b) a forum for debate of issues regarding the advancement of gerontology, educational opportunities for older people, and education of society about aging;
(c) a network base for communication, interorganizational cooperation and leadership with associations of higher education, public officials, volunteers and others interested in aging education; and
(d) leadership on policies and issues related to higher education.

These goals are accomplished through programs and services such as an annual meeting, the AGHE Exchange newsletter, the Directory of Educational Programs in Gerontology, the National Database on Gerontology in Higher Education, technical assistance in the development and expansion of academic gerontology programs, research on gerontology education and manpower needs for the field of aging, and the advocacy of public and private support for aging education and research.

AGHE STAFF:
Derek Stepp, Director
Anthony DiLorenzo, Deputy Director
Brian Cowan, Program Associate

Benefits of Membership

WHAT DO YOUR FACULTY, GERONTOLOGY PROGRAM AND SCHOOL GAIN FROM MEMBERSHIP IN AGHE?

1. A complimentary copy of each edition of the Directory of Educational Programs in Gerontology and Geriatrics is sent to every institutional representative.

2. The AGHE Exchange newsletter published four times a year, annual meeting announcements, and occasional publication and program information are sent to persons designated by the institutional representative to receive mailings from AGHE on a complimentary basis. The number of persons so designated depends on the type of membership. AGHE representatives at each AGHE institution receive a print subscription to Gerontology & Geriatrics Education, published by The Haworth Press, Inc. G&GE is now the official journal of AGHE. AGHE institutions with library subscriptions to G&GE may receive the journal electronically through their library. Encourage your library to subscribe today.

3. All persons from member institutions receive reduced rates on most services of the Association, including:

   • additional copies of the Directory of Educational Programs and other publications of the Association
   • annual meeting registration, exhibit fees, and program ads
   • purchase of the AGHE mailing list and newsletter ads to publicize workshops, publications, summer institutes, job openings, and other resources

4. Membership in AGHE provides many opportunities to publicize your programs and publications:

   • The AGHE Exchange newsletter, on a space-available basis, provides free publicity for member programs and activities.
   • Periodic updates of your program’s listing in the National Database of Gerontology in Higher Education and the Directory of Educational Programs in Gerontology and Geriatrics enable students, faculty, and administrators to obtain information about your gerontology program.

5. Opportunities are available for you and your colleagues to provide professional leadership to the field of gerontological education:

   • You are invited to work with colleagues on AGHE committees, sub-committees, and task forces.
   • You are able to support AGHE’s role in Washington, DC, as an advocate for gerontology and geriatrics in higher education.
   • You have the opportunity to provide expertise to the work of the Association in areas such as manpower, standards, curriculum development, faculty development, public policy, and research related to educational gerontology.
   • You can share information about the field through AGHE’s technical assistance and clearinghouse activities.
   • The AGHE institutional representatives receive key mailings from the Administration on Aging, National Institute on Aging, and the Senate Committee on Aging.

JOIN TODAY!
For more information and to request a full membership packet and application, please contact: AGHE, 1030 15th Street, NW, Suite 240, Washington, DC 20005 - 1503; Phone: (202) 289-9806; Fax: (202) 289-9824; www.aghe.org
GSA NOW
ACCEPTING
AWARD
NOMINATIONS

Zerhouni Responds to Charges That NIH Has Not Produced

NIH Director Elias Zerhouni, MD, is launching a campaign to educate the public and Congress on the value of their investment in medical research. His team is putting together a collection of facts and figures not previously assembled in this context.

In an interview with ResearchPolicyAlert, Zerhouni said he wants people to have a solid understanding of the facts related to such questions as “How do we know the NIH budget is a good investment?”; “What have you done with the funds used to double the NIH budget?,” and “How does NIH set its priorities?”

“Since 1971,” Zerhouni noted, “the life expectancy of Americans has increased 6.7 years because of direct discoveries fostered by NIH. All totaled, the federal investment in medical research for all diseases and afflictions during that 34-year period amounts to slightly more than $1,200 per American.”

Following are some of the “stories” Zerhouni has begun to share:

• This year, for the first time in the history of mankind, the number of absolute deaths from cancer went down by 10,200, according to CDC.

• A total of $16 per year per American is being spent for cancer research. This is to fight a disease that 40% to 45% of the population will have to deal with. At the start of the War on Cancer in 1971, we were spending about $8 per year per American.

• NIH’s total investment over the entire 34 years in cancer research translates to less than $300 per American. During that period, survival rates for cancer victims went up from six months to five years.

• NIH’s total investment on heart disease, lung disease, blood disease, and stroke over 34 years is about $110 per American. During that time, there has been a 60% reduction in mortality—815,000 fewer people are dying per year from coronary disease alone.

• More than 200,000 people are saved each year from death due to strokes, down from around 400,000 a year in the past.

• The first drugs to fight HIV/AIDS came out of the National Cancer Institute from the investment in the War on Cancer. NIH intramural research was the resource, and their work was picked up collaboratively by the private sector. The $15 billion investment for drug discovery in AIDS has resulted in the development of 82 drugs, 22 of which have been approved and are now being used for AIDS. This investment has saved $1.4 trillion in hospital costs.

• The total investment in medical research over the past 34 years has also led to the Human Genome Project, which provides an opportunity to transform medicine in the next 20 years from curative to preemptive. This transformation ultimately will be the only solution to rising healthcare costs. “The only solution is to reduce the disease burden before it happens. That is the vision,” Zerhouni said.

An Invitation from OBSSR

The Office of Behavioral and Social Sciences Research (OBSSR) of the National Institutes of Health invites you to the OBSSR 10th Anniversary: Celebrating a Decade of Program and Promise, June 21–22, 2006 in the Natcher Conference Center on the NIH Campus in Bethesda, Maryland. This event will showcase the last decade’s major contributions of behavioral and social sciences research to health promotion and disease prevention, and will highlight cutting edge research challenges. Please RSVP by May 20, 2006, by registering on our Web site (http://obssr.od.nih.gov/OBSSR10th/intro.htm). Registration is free, but space is limited; we therefore advise you to register early.

GSA salutes outstanding and potential research through a host of awards. Award winners will be honored at the 2006 Annual Meeting in Dallas, Texas. The deadline for award nominations is May 5, 2006.

For a complete list of all GSA Awards, criteria, and nomination requirements, please visit our web site at www.geron.org.
CALL FOR ABSTRACTS

REFLECTING ON 100 YEARS OF ALZHEIMER’S
The Global Impact on Quality of Lives

November 6-7, 2006
Crowne Plaza Hotel
777 St. Clair Avenue
Cleveland, Ohio 44114

Overview
This year will mark the 100th anniversary of the first case of what we now call Alzheimer’s disease. Currently there are 4.5 million Americans (18 million worldwide) with the disease, and these figures are estimated to double by the year 2025. The cost to societies is overwhelming. Dementia is currently one of the most costly and devastating diseases, both to persons with dementia as well as to their families.

About the Conference
This conference will bring together world leaders in psychiatry, neurology, geriatrics, psychology, nursing, and social work from Australia, Canada, China, Great Britain, Japan, Mexico, and the United States to discuss diagnosis, management, and care of persons with dementia across disciplines now and in the future. Our speakers represent the best that the world has to offer in understanding the global challenges created by Alzheimer’s disease and related conditions.

Topics to Be Covered
Interventions and treatment; technology; environmental design; policy; ethics; care; and quality of life for all persons and communities affected by Alzheimer’s disease.

Sponsors
The University Center on Aging and Health and the Frances Payne Bolton School of Nursing at Case Western Reserve University, University Hospitals Health Systems Heather Hill, and Alzheimer’s Association Cleveland Area Chapter.

Officially endorsed by Alzheimer’s Disease International

The general conference will include concurrent refereed poster sessions to be listed in the program. These posters will span state of the art research and conceptual developments within diverse disciplines relevant to Alzheimer’s disease.

Abstract Information
Abstracts must not exceed 350 words in Times New Roman, 12 characters per inch, typed single spaced. The title should be typed in the top left corner and contain no more than 50 characters.

The name(s) of the author(s) must be typed below the title, leaving one line blank between the title and the author name(s). Do not include title, position, or organization in the abstract.

Include the following information: objectives, description of the program/project, lessons learned, significance, and results. Below the abstract, indicate 3-5 key words that best describe the content.

Submission Materials
- Your abstract
- Your name
- Title & position
- Organization
- Mailing address
- Telephone
- Fax
- Email
- Is presenter a student?

Submit electronically to: Dr. Eva Kahana (eva.kahana@case.edu), Robson Professor of Sociology and Humanities and Director, Elderly Care Research Center, Case Western Reserve University

Visit Our Website at http://fpb.case.edu/CFA/announce.shtml
Deadline for Abstract Submissions: May 15, 2006
Notification of Acceptance: June 15, 2006

ALL POSTER PRESENTERS MUST REGISTER FOR THE CONFERENCE
ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION
REQUEST FOR SUBMISSIONS
33rd ANNUAL MEETING AND EDUCATIONAL LEADERSHIP CONFERENCE

“Mentorship – the Dyad, Triad, and Beyond”

March 1-4, 2007
Hilton Portland and Executive Tower
Portland, Oregon

For Information, Contact:
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