Older Americans Month Theme Announced
May is Older Americans month and the US Administration on Aging (AoA) recently named “Living Today for a Better Tomorrow” as the 2009 theme. The topic reflects AoA’s continued focus on prevention efforts and programs throughout the country that help older adults have better health as they age and avoid the risks of chronic disease, disability, and injury. For more information, please visit: www.aoa.gov/PRESS/Observances/oam/oam.aspx.

Correction
The February 2009 issue of Gerontology News incorrectly identified the winning paper of Giyeon Kim, PhD, for the Behavioral and Social Sciences Section Student Research Award (Dissertation Level). The title of the paper should have read “Measurement Equivalence of the Center for Epidemiologic Studies Depression Scale Among Older Whites, Blacks, and Mexican Americans.”

GSA Presidential Candidates Issue Statements
Donald K. Ingram, PhD, is a professor and the chief of the Nutritional Neuroscience and Aging Laboratory at the Pennington Biomedical Research Center (a component of the Louisiana State University System).

It is a distinct honor to be nominated for president of GSA, which was the first scientific organization I joined as a young scientist. I vividly remember my first annual meeting over 30 years ago, where I met Nathan Shock, a GSA founder and one of my gerontological heroes. I was a graduate student at the time, and the experience solidified my interest in pursuing a research career in gerontology. When I completed my doctorate in psychology at the University of Georgia (1974–78), I also received a certificate in gerontology. This unique program provided an interdisciplinary view of the field that has served me well throughout my career.

My interest in gerontology was sparked by a four-year stint as a health statistician at the National

Thomas E. Johnson, PhD, is a professor of integrative physiology and a fellow of the Institute for Behavioral Genetics at the University of Colorado at Boulder.

It is an honor for me to be nominated for president of GSA. I joined the Biological Sciences Section in about 1982, when I first began my work in aging research. I have been very committed to GSA as my major professional organization. I have been especially interested in the publications of the Society and served a total of three terms on the Publications Committee; there I chaired the Subcommittee on Ethics and also chaired the Publications Committee itself. Our publications are a real shining star of the Society and have allowed us to develop a healthy monetary reserve, which has permitted GSA to perform a number of extraordinary activities and to broaden its mission and its presence in aging research. It is

Momentum Builds for Workforce Solutions

One year after issuing a report that predicted a troubled future for America’s geriatric care workforce, the Institute of Medicine (IOM) held a symposium in Washington, DC, to provide updates and call for further needed action.

“Retooling for an Aging America: Building the Health Care Workforce” — the pivotal publication that served as the initial call to action — has resulted in several major initiatives since it was issued twelve months ago.

One prominent undertaking was the formation of the Eldercare Workforce Alliance, a national advocacy coalition of organizations that includes GSA. Another visible result was the introduction of the “Retooling the Health Care Workforce for an Aging America Act” by Senate Special Committee on Aging Chair Herb Kohl (D-WI).

“Our bill borrows very heavily from the IOM report,” said Anne Montgomery, the committee’s senior policy director, who spoke at the symposium. This legislation, if enacted, would amend the existing Public Health Service Act, the Workforce Investment Act, the Older Americans Act, and the Social Security Act.

Presenters also pointed out the areas in which progress has been slower. For example, there remains a financial disincentive to become a geriatric specialist, specifically in the form of lower incomes.

John W. Rowe, MD, the former GSA president who chaired the IOM report committee, explained that the discrepancy largely results from different sources of insurance reimbursements.

“If you’re a geriatrician, all your patients are on Medicare; whereas if you’re a general internist, some portion of your patients have

Continued on page 10
From GSA’s point of view, the most interesting aspect of the recent American Recovery and Reinvestment Act of 2009 is surely the $10.4 billion allocated to the National Institutes of Health (NIH). Specifically, the vast majority of the funds will alleviate a backlog of meritorious health-related research proposals. However, NIH has also set aside approximately $200 million for new grant applications in so-called “challenge” areas, which focus on research that would benefit from an influx of funds to quickly advance a field of study (within two years). GSA has already sent out several e-mail communications about these opportunities, because the application deadline of April 27, 2009, is rapidly approaching. The NIH website (http://grants.nih.gov/grants/funding/challenge_award/) contains much more information on the topic.

We will issue communications as we learn how much of the total funding will be appropriated to the NIH’s National Institute on Aging (NIA), a federal agency with newly strengthened ties to GSA.

Just recently, NIA Deputy Director Marie Bernard, MD, was appointed to be an official NIA-GSA liaison. As a GSA fellow and former president of our educational branch (the Association for Gerontology in Higher Education), Marie is in a terrific position to facilitate easy communication between the two organizations.

As NIA develops new projects, we will spotlight them in the pages of Gerontology News. In this issue, I am pleased to share some of their newest initiatives.

You are invited to sign up for Spotlight on Aging Research (www.nia.nih.gov/newsandevents/SOAR), a new free NIA-sponsored e-newsletter. It will offer updates on research projects, summaries of recent papers, links to NIA funding and scientific resources, and links to new publications. Similarly, NIA’s Health Disparities Resource Persons Network (www.nia.nih.gov/researchinformation/hdtoolbox) is designed to foster researchers who focus on diverse older populations.

I also have an update about a long-running NIA venture, Friends of the NIA (FONIA). In late 2005, GSA was a co-founding member of this coalition of aging, disease, research, and patient groups supporting the NIA’s mission. FONIA’s membership is made up of organizations, but a new website (friendsofnia.ning.com) has been developed to broaden the involvement of the research community on an individual level. Created by FONIA Chair Kimberly D. Acquaviva, PhD, MSW, of The George Washington University School of Medicine and Health Sciences, this online tool offers social networking capabilities to help people spread the word about the needs of America’s aging population.

The advocacy of GSA members is still very much needed, even considering the new money directed toward biomedical and public health research. We must remember that this financing represents a temporary measure to increase the productivity of science projects and will last only two years.

As we work to assemble the program for our 2009 Annual Scientific Meeting in Atlanta, GA, the Society will continue to partner with organizations like NIA to make sure aging issues get the attention they deserve.

From the Executive Director

NIA Continues To Count GSA Among ‘Friends’

By James Appleby, RPh, MPH
In Memoriam

Stig Berg, PhD, a long-time GSA member and fellow, has passed away. He was a professor of psychology at Jonkoping University in Sweden, where he had served as director of the school’s Institute of Gerontology since its inception in 1970. Berg was Sweden’s leading behavioral gerontologist and a frequent participant in the GSA Annual Scientific Meeting. His international collaborations primarily involved American colleagues and in 1992 he was appointed as a research professor in psychology at the University of Southern California. In 1993, he was appointed as an adjunct professor in biobehavioral health at the Pennsylvania State University. More recently his activities included promotion of educational opportunities in Vietnam, the US, and Sweden. He is perhaps best known for his population-based longitudinal twin studies.

New Publications by Members


Members in the News

- Stephen Golant, PhD, was quoted in an article in The Washington Post in late February regarding aging in place. He said that many older Americans cannot afford alternative housing due to the recent economic downturn.
- Erwin Tan, MD, was quoted by several media outlets after a Reuters wire story reported on his recent study published in The Journal of Gerontology: Social Sciences. He and his team of researchers found that a volunteer program in elementary schools provided health benefits to older African American women.
- Elizabeth Zelinski, PhD, was featured in a syndicated piece on several television news programs for her recent work on computer programs designed for older people. Her studies have found that brain power can be maintained as a person ages.
- The Fox Business News website recently ran a story based on a study published by Fred Wolinsky, PhD, in The Journal of Gerontology: Medical Sciences. He and his team of researchers found that a brain fitness program measured initially for its impact on cognitive abilities in older adults also significantly reduced symptoms of depression.
- Aubrey de Grey, PhD, Leonid Gavrilov, PhD, and Natalia Gavrilova, PhD, were all featured in an article in the March 6, 2009, edition of The Vancouver Sun. The piece detailed the state of current research in the science of human longevity.
- Jeff Williamson, MD, was quoted in the March 2, 2009, edition of The Philadelphia Inquirer. He spoke of his recent work that showed cognitive benefits for diabetes sufferers who carefully controlled their blood sugar levels.

Colleague Connected!

This month’s $25 amazon.com gift certificate winner:

Maria Claver

The recipient, who became eligible after referring new member Barbara Madigan, was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/ColleagueConnection.htm

Gatz Earns APA Recognition

Margaret Gatz, PhD, has won the 2009 Developmental Health Award from the American Psychological Association (APA) in recognition of her research contributions to the fields of health and aging. Gatz is a professor of psychology, gerontology, and preventive medicine at the University of Southern California. Her work includes studying changes in depressive symptoms with age, the coupling of depression and anxiety over time, associations between depression and physical health and functioning, and the relative environmental and genetic influences contributing to depressive symptoms. Gatz will give an invited address at APA’s Annual Convention in Toronto, Canada, in August 2009.

Lindeman Takes Charge of New Technology Center

David Lindeman, PhD, has been named the director of the Health Technology Center’s new National Center for Technology and Aging, which was recently established with the support of a $5 million grant from the SCAN Foundation. The new facility will be the nation’s first devoted exclusively to advancing the use of technologies that facilitate home- and community-based care for seniors. Lindeman has worked in the field of aging and long-term care for 30 years as a health services researcher and administrator. Lindeman most recently was the vice president and founder of the Mather LifeWays Institute on Aging in Evanston, IL.

Besdine, Coughlin Featured at Aging Conference

Brown University’s Forum for Enterprise held a late-February gerontology conference titled “Silver Linings: Innovation and the Demographics of Aging.” Speakers Richard W. Besdine, MD, and Joseph F. Coughlin, PhD, discussed the impact of human longevity on modern American society. Specifically, they addressed how the aging population inevitably is transforming health care, economics, retailing, and relationships in this country.

UNO Recognizes Holley’s Teaching Efforts

The University of Nebraska at Omaha has awarded an Alumni Outstanding Teaching Award to Lyn M. Holley, PhD. She has been an assistant professor in the school’s gerontology department since 2004. Her current research relates to civic engagement of elders, improving government performance in respect to services for elders and minority elders, and management of human resources in this context.
Since the time the GSA public policy team decided to devote an article to the budget and appropriations process, the budget itself has skyrocketed. What I mean is that between our commitments in Iraq and Afghanistan, the numerous financial institution bailouts, the auto industry bailout, and the spending in the Recovery Act to stimulate the economy and jobs, the budget levels foster little hope of reducing the trillion dollar deficits for years to come.

Budget Briefs – Stay Tuned

On February 26, 2009, President Barack Obama released an outline of his budget plans, but the full budget request will be released in April. (For more information, go to www.whitehouse.gov.) The administration claims that it is finally bringing financial honesty to the federal government by including the wars and bailouts in the budget that it is developing.

One of the biggest items in the lineup — and a priority for many GSA members — is health care reform. The president proposes to pay for health care reform by raising taxes on people with incomes over $250,000, by reducing tax deductions for charitable contributions and mortgage interest, and by increasing savings in Medicare and Medicaid. The budget outline projects that $316 billion of the cost of health care reform would be covered by savings from Medicare and Medicaid, through cuts to health plans and hospitals, and by charging higher-income beneficiaries more under the drug plan, for example. The president’s budget establishes a reserve fund of $634 billion (accumulated over 10 years) to pay for health care reform.

The budget invests $330 million to address the shortage of health care providers in certain areas of the country. It also doubles funding (adding $6 billion) for cancer research at the National Institutes of Health (NIH) and expands the Medicaid and Medicare research agenda to evaluate payment reforms, improve beneficiary education, and evaluate ways to improve quality.

Congressional leaders will consider these policy initiatives when they develop their budget resolution. Some have suggested that the congressional leadership may attempt to move the initiatives forward via the budget reconciliation process. In this process, legislation that affects tax revenue and mandatory spending needs only 51 votes to pass the Senate, meaning it negates the threat of filibusters.

The Federal Budget Process Made Simple

Unfortunately, “budget” and “simple” in the same sentence can be an oxymoron. The relevant brief phrasing in the U.S. Constitution has grown into a budget process which is enormously complex, involving dozens of sub-processes, rules, and procedures. The president and congressional leaders have a role, as well as other members of Congress, executive officials, and thousands of their staff. The process is so detailed that it is little understood by the people it is intended to serve.

But understand it we must if we aim to be effective advocates for older adults. The federal budget process has an enormous impact on health and long-term care policy. For example, it affects research conducted at the NIH, guides the development of new regulations on providers and quality of care, and funds health professional education programs.

Congress and the Budget

The first thing to remember is that the Congress, being directly responsible to the people, controls the federal purse strings. This is directed by the Constitution. Currently, the budget process is principally governed by two statues: the Congressional Budget Act of 1974 and the Budget Enforcement Act.

By law, the president must submit a budget to Congress early in the legislative session. The President’s budget submission is a request only, since Congress prepares the actual legislation, but it is a powerful opportunity for the president and his administration to control national policy. The extent to which Congress heeds the request varies depending upon current political and fiscal conditions. We know that this year, the fiscal condition is abysmal and that the political situation is evolving.

The Congressional Budget Act of 1974 establishes the process used by Congress to coordinate budget-related actions (e.g., appropriations, revenue measures, authorizations, etc.) throughout the year. “The process is centered around an annual concurrent resolution on the budget that sets aggregate budget policies and functional spending priorities,” reports the Congressional Research Service. The concurrent resolution is not a law and, therefore, cannot be signed or vetoed by the President.

Congressional Action on the Budget

Once the President submits a budget proposal, congressional committees begin examining their parts of the budget. These committees, such as the authorizing committees (e.g., Education and Labor in the House) appropriations committees (in the House and Senate) and tax and entitlement committees (House Ways and Means Committee and Senate Finance Committee), give feedback to the budget committees. The budget committees will
then produce a budget resolution that sets overall spending limits for broad areas (e.g., health, national defense, education, and agriculture). The budget resolution is a blueprint or jumping off point for congressional action on spending and revenue measures.

Exactly how money is allocated within the broad categories will be left up to the appropriating and authorizing committees to decide later. The appropriations committees allocate funds to each of their 12 subcommittees, and other authorizing committees develop legislation to implement the budget guidelines.

If the House and Senate are able to work out the differences in their budget resolutions, the next step in the budget process is the development of budget reconciliation legislation. If Congress does not resolve their differences on a budget, they do not draft a reconciliation bill. The reconciliation bill reconciles current laws on spending and revenue with the policy directions adopted in the budget resolution. The legislation developed by the authorizing committees is pulled together by the Budget Committee as a reconciliation bill. This is usually not completed until late in the year.

**Appropriations process**

Once the budget resolution has been passed by both the House and Senate (called the concurrent resolution), the appropriations work begins. The budget resolution, in effect, tells the appropriations committees of the House and Senate how much money they have to spend. The appropriations committees are divided into subcommittees that have jurisdiction over various programs. The main committee allocates a share of the budget to each subcommittee for funding programs in its jurisdiction. For example, the House Appropriations Subcommittee on Labor, Health and Human Services, and Education, chaired by Dave Obey (D-WI), is responsible for appropriating funds for NIH, Alzheimer’s research, health professions training, geriatrics health professions programs, the Older Americans Act, and many other programs.

The appropriations bills must be passed by each chamber of Congress. Often, these bills are rolled into large, cumbersome pieces of legislation, with a conference committee of representatives and senators given the task of ironing out differences between the two chambers. (Constituents whose senators or representatives happen to be on a conference committee can play a crucial role in the deliberations.) The end product is a conference report containing a compromise bill and a section-by-section explanation of the agreed-upon compromise. Once both the House and Senate agree to the conference report, the legislation is sent to the White House for the president’s signature. If the president vetoes the bill, it can be returned to the House and Senate for an override vote. When Congress fails to pass the appropriations bills by September 30, the end of the fiscal year, they often pass continuing resolutions to keep the government operating until final bills are passed and signed into law.

**Enter the Advocates**

There are several points along the budget’s path where advocates can make their voices heard. Early in the budget resolution process, when the budget committees of the House and Senate are first deciding on the big picture for the nation’s budget, advocates can voice support for certain broad areas of interest. Budget Committee members will rarely be able to take action on specific program amounts, but they can be made sensitive to ideas of preserving or increasing funding for certain functions.

During the appropriations process, advocates can be more specific with their areas of interest and support. Early in the process, most committees hold hearings and meetings about current issues. Experts on an issue and citizens with a compelling story are often asked to testify at a hearing. This is a great way to have your message heard. Even submitting testimony for the record can be useful. Communications with and visits to one’s elected representative and senators are also effective. Forming a relationship with a member’s office and getting to know the staff people responsible for your issues are critical aspects of advocacy work. The earlier in the process that an advocate can start making a case for legislative action or a funding amount, the better. Working with other like-minded advocates is helpful, too. We will be posting more on advocacy work and our Policy Toolkit on the GSA website in the near future. In the mean time, we hope this is a helpful primer on the budget and appropriations process that occurs each year and funds the federal government.

### Types of Legislation

**Authorizing legislation**

A bill that creates a new federal program, extends the life of an existing program, or repeals existing law. Authorizing bills usually set funding amounts for a period of three to five years. Remember: an authorizing bill only establishes the framework for a federal program - it does not provide funds to operate the program.

**Appropriations bill**

A bill that allocates funding for specific federal programs. Appropriations bills must be enacted into law every year. Each year, in fact, Congress must pass a series of 12 appropriations bills to keep federal departments and agencies operating. One form of congressional spending that does not require an appropriations bill is called an entitlement program.

**Entitlement legislation**

A measure that guarantees a certain level of benefits to persons who meet eligibility requirements set by law, such as Medicare, Medicaid, and college student loan programs. Entitlement programs typically do not need to be reauthorized, nor do they require annual appropriations, but their levels of funding do change according to the budget decisions.
AJN Releases Latest in ‘Try This’ Series

The American Journal of Nursing (AJN) has announced the latest entries in its “How To Try This” series. To read or view the articles and videos featured this month, go to www.NursingCenter.com/AJNolderadults. “How To Try This” is a collaborative project of the Hartford Institute for Geriatric Nursing at NYU’s College of Nursing and the American Journal of Nursing. Topics from the series consist of free web-based resources, including demonstration videos and companion articles in the AJN.

Monitoring Medication Use in Older Adults
By Sheila L. Molony, PhD, RN, GNP-BC

Age-related changes have a significant impact on the appropriateness of using certain medications in older adults. The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults assessment instrument highlights specific medications whose risks to older adults may outweigh their benefits. Nurses can use the tool in various settings, including hospitals, nursing homes, and private homes, to evaluate medications that warrant follow-up with their patients. Watch a free video demonstrating how to use the Beers Criteria at links.lww.com/A266. The first chapter of this program includes an assessment of medication use in an older woman with chronic pain and sleep issues, among other health concerns. The staff nurse conducting this assessment is guided by the expertise of Donna Fick, PhD, APRN-BC, FGSA, with fuller discussion and care plan development involving the additional expertise of a nurse practitioner and pharmacist. Chapter 2 includes an interview with Fick outlining more detail on the Beers Criteria, as well as the complex issue of medications use in the elderly.

Assessment of Transient Urinary Incontinence in Older Adults
By Annemarie Dowling-Castronovo, MA, GNP, RN, and Janet K. Specht, PhD, RN, FAAN

Urinary incontinence in older adults is associated with an increased risk of institutionalization, as well as with urinary tract infections and depression. Transient urinary incontinence arises suddenly, lasts less than six months, and results from reversible causes. Yet many caregivers erroneously consider urinary incontinence to be inevitable in older adults, especially in hospitalized patients. Failure to identify and respond to transient urinary incontinence may lead to established incontinence and to other poor outcomes after hospital discharge. A free online video demonstrates how to assess and treat transient urinary incontinence and can be viewed or downloaded at links.lww.com/A311. The program explains the use of bladder diaries, and includes the development of a treatment plan to reverse transient urinary incontinence in a hospitalized patient. An interview with Specht explains many of the misconceptions about transient incontinence, as well as simple strategies to reverse the problem and vastly improve quality of life for older adults.

Documentary Explores Parkinson’s Disease

“My Father, My Brother, and Me,” is a Frontline documentary that examines one family’s experience with Parkinson’s disease, as well as current research and treatments for the disease. Parkinson’s disease is a disorder of the brain that leads to body tremors and causes difficulty in walking, movement, and coordination. As many as one million Americans suffer from the disease, which is most common in persons over the age of 65, according to the National Parkinson Foundation. For information on broadcast schedules, as well as access to the full documentary, go to wwwpbs.org/wgbh/pages/frontline/parkinsons.

Guide Sheds Light on Media Portrayals

In an effort to facilitate accurate and unbiased communications on aging issues, the International Longevity Center-USA (ILC-USA) and Aging Services of California partnered to publish a first-of-its-kind styleguide for journalism, entertainment, and advertising professionals. “Media Takes: On Aging” provides the necessary tools for media professionals to represent older adults and the aging process in a fair, contemporary and unbiased manner. The guide includes authoritative recommendations, a glossary of aging-related terms, and a comprehensive list of resources. The publication is available for free download from the ILC-USA website at www.ilcusa.org/pages/publications/ageism-caring-caregiving-sleep/media-takes-on-aging.php.

CDC Issues New Fall Prevention Documents

Unintentional falls are a threat to the lives, independence, and health of adults aged 65 and older. Every 18 seconds, an older adult is treated in an emergency department for a fall, and every 35 minutes, someone dies as a result of their injuries. Although one in three older adults falls each year in the United States, falls are not an inevitable part of aging. There are proven strategies that can reduce falls and help older adults live better and longer. The Centers for Disease Control and Prevention have developed several new brochures and posters, which are available for download from the National Center for Injury Prevention and Control website at www.cdc.gov/ncipc/dup/fallmaterial.htm.

Map Tracks Flow of Stimulus Dollars to States

The Center for American Progress developed an interactive map that shows state-by-state funding allocations of the American Recovery and Reinvestment Act. The tool compares the amount that each state will get relative to the size of its economy. These funds include, among other provisions, direct tax cuts for families, increased unemployment insurance and food stamps, new education-system funding, additional funds for clean energy programs, state-level infrastructure projects, and assistance necessary to protect vital services such as Medicaid. The map can be found online at www.americanprogress.org/issues/2009/02/compromise_map.html.

Financial Turmoil Affects Services for Elders, Others

The Center on Budget and Policy Priorities has released a report that describes how continuing economic problems have led at least 40 states to propose or enact reduced services to their residents, including the elderly and disabled. At least 22 states plus the District of Columbia have proposed cuts to medical, rehabilitative, home care, or other services needed by the low-income elderly or disabled. The authors forecast that congressional economic recovery legislation that includes funding for state governments would mitigate some of these budget cuts. The report can be found online at www.cbpp.org/files/3-13-08sfp.pdf.
new resources

NIA Publication Offers Elder Exercise Tips
The 2009 version of the National Institute on Aging’s “Exercise and Physical Activity: Your Everyday Guide” is now available in print and online. The guide details the benefits of exercise and physical activity for older adults, offers tips on how to get started, and provides sample exercises. Regular exercise and physical activity are important to the physical and mental health of almost everyone, including older adults. The guide is available for free download at www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide

Alzheimer’s Sufferers Unite with Common Statement
In 2008, the Alzheimer’s Association hosted four regional town hall meetings with more than 800 participants, including 300 people living with the disease. Every 71 seconds someone is diagnosed with Alzheimer’s disease in the US. As Americans continue to live longer, the number of people who develop Alzheimer’s disease will continue to increase. These people are now demanding a dignified diagnosis that will enable them to get accurate, helpful and sensitive treatment by physicians. The town hall participants living with Alzheimer’s disease expressed numerous complaints about diagnostic challenges and dissatisfying interactions with the medical community at the town hall meetings. In response, “Principles for a Dignified Diagnosis,” the written first statement of its kind, was created by these individuals to improve the diagnostic process based on their own experiences. A complete copy of the statement can be found online at www.alz.org/national/documents/brochure_dignified_diagnosis.pdf.

NIH Website Provides Comprehensive Information Tool
The National Institutes of Health (NIH) has launched a new website called the Research Portfolio Online Reporting Tool (RePORT). This resource provides access to reports, data, and analyses of NIH research activities, including information on NIH expenditures and the results of NIH-supported research. To provide NIH stakeholders with quick and easy access to basic information on NIH programs, the website offers several tools for searching through the materials. Different filters can be applied to find information specific to a particular NIH institute or center, funding mechanism, or topic. Visit report.nih.gov to access the website.

Policy Tool Details LTC Data by State
The AARP Public Policy Institute has released the eighth edition of “Across the States: Profiles of Long-Term Care and Independent Living,” a reference for finding comparable state-level and national data on long-term care systems and the older population in a single convenient source. The authors use data, graphs, charts, and maps to provide important facts about independent living and long-term care in every state and the nation as a whole. “Across the States” is a valuable resource for policymakers, researchers, consumer advocates, and others making important decisions about the financing and delivery of long-term services and supports. It contains more than 140 state-level indicators. To order, please call the AARP Public Policy Institute at (202) 434-3890 or e-mail jgasaway@aarp.org. The full report and executive summary are also available on the web at www.aarp.org/acrossthestates.

AARP’s Online Tool Monitors Government Activity
AARP recently launched Government Watch, an interactive website designed to enable older Americans to track and provide input on federal and state legislative activity. Government Watch features AARP’s 2009 federal advocacy agenda and priority legislation; an “Eye on Congress” that tracks senators’ and representatives’ voting records on issues critical to older Americans; “Eye on the States,” which contains fact sheets for each state detailing the importance of health care reform, investment in home and community based care, aid to struggling homeowners, and retirement preparation; and identification of congressional champions on issues that affect older Americans. The website is located at www.aarp.org/makeadifference/advocacy/GovernmentWatch.

Continued from page 1
private health insurance,” he said. “We need to organize care for older people more efficiently, and we’ve just not done that.”

Direct care workers, such as nurse aides and home health aides, also generally earn low wages and have high turnover rates, according to the IOM.

To address the funding issue, U.S. Representatives Rosa DeLauro (D-CT) and Ileana Ros-Lehtinen (R-FL) recently introduced the “Geriatrics Loan Forgiveness Act.” This legislation would allow those pursuing geriatrics training to participate in the existing National Health Service Corps Loan Repayment Program, which currently forgives up to $25,000 per year on behalf of an individual for the first two years of obligated service.

Experts at the IOM symposium also explained that researchers — particularly GSA’s membership — can enact some of the original report’s recommendations to investigate under-explored topics.

“The obvious direction to go would be developing new curricula, leading new program innovations, and doing the research to prove that we can actually make a difference,” said Paul Katz, MD, of the University of Rochester Medical Center.

Many speakers pointed out a scarcity of studies involving direct care workers, family caregivers, and other informal networks.

“There’s very little we really know about community care [models],” said Patricia Volland, MSW, MBA, of the New York Academy of Medicine. “So there’s a very significant role for understanding the various ways in which communities actually support independence at home. That will go a long way to advance the argument that there needs to be support for those kinds of models.”

Workforce issues continue to be a top advocacy item for GSA. The subject will be addressed at several sessions at the 2009 Annual Scientific Meeting. Additionally, the Association for Gerontology in Higher Education (GSA’s educational branch) has chosen “Mining Silver: Optimizing Aging and its Workforce through Education” at the theme for its 2010 Annual Meeting and Educational Leadership Conference.
AGHE Recaps Annual Meeting and Leadership Conference

AGHE recognized its newest officers, fellows, and award winners at its recent Annual Meeting and Leadership Conference in San Antonio, TX. The four-day event, which took place February 26–March 1, 2009, provided a forum for professionals in the field of aging to present their work and share ideas about gerontological and geriatric education and training.

Officers
AGHE President-Elect
Graham D. Rowles, PhD, University of Kentucky
Rowles, who will serve as AGHE president from 2010–2011, is a professor of gerontology with joint appointments in geography, behavioral science, health behavior, and nursing. A primary emphasis of his work has been exploration of the changing relationship between elders and their environment. He has studied elders in an inner city environment, in rural Appalachia, and in a variety of residential and institutional settings.

AGHE Treasurer
Kathryn Hyer, PhD, University of South Florida
Hyer, who directs the Training Academy on Aging at the Florida Policy Exchange Center on Aging, specializes in research on the organization, staffing, training, policies, and financing of long-term care in varied settings along the continuum of long-term care.

AGHE Member at Large
David C. Burdick, PhD, Richard Stockton College of New Jersey
Burdick, a professor of psychology, includes technology and aging, intergenerational relationships, and aging and mental health among his professional interests. He also served as a delegate to the 1995 White House Conference on Aging.

AGHE Member at Large
Jennifer C. Mendez, PhD, Wayne State University
Mendez has played a key role in the development of advocacy-focused senior coalitions on housing and neighborhood issues, particularly in the Detroit, MI, area. Her training projects have emphasized geriatrics among ethnic minorities, end-of-life care, and focused senior coalitions on housing and neighborhood issues, particularly in the Detroit, MI, area. Her training projects have emphasized geriatrics among ethnic minorities, end-of-life care, and managing difficult behaviors in dementia.

Fellows
AGHE confers fellow status to individuals to recognize outstanding leadership in gerontological/geriatric education by established scholars and educators at AGHE member institutions. The 2009 fellows are:

- James W. Ellor, PhD, Baylor University
- K. Della Ferguson, PhD, Utica College
- Patricia Swager, MEd, Nevada Geriatric Education Center
- Donna L. Wagner, PhD, Towson University
- Janice I. Wassel, PhD, University of North Carolina-Greensboro

Awardees

Clark Tibbits Award
Presented to Larry Polivka, PhD, University of South Florida.
AGHE’s Clark Tibbits Award was established in 1980 to recognize individuals who and organizations that have made outstanding contributions to the advancement gerontology as a field of study in institutions of higher education.

Mildred M. Seltzer Distinguished Service Recognition
Presented to Althea Taylor-Jones, PhD, Winston-Salem State University, and Stephen J. Cutler, PhD, University of Vermont. This award honors colleagues who are near retirement or recently retired. Recipients are individuals who have been actively involved in AGHE through service on committees, as elected officers, and/or have provided leadership in one of AGHE’s grant-funded projects.

Hiram J. Friedsam Mentorship Award
Presented to Suzanne R. Kunkel, PhD, Miami University of Ohio. This award, named for an outstanding mentor in gerontology, is given to an individual who has contributed to gerontological education through excellence in mentorship to students, faculty, and administrators.

Distinguished Faculty Award
Presented to Karen Kopera-Frye, PhD, University of Nevada-Reno, and Lara Donofrio, PhD, University of Connecticut. This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

David A. Peterson Gerontology & Geriatrics Education Best Paper of the Volume Award
Presented to Brent C. Williams, MD, MPH; Amy R. Schigelone, PhD; James T. Fitzgerald, PhD; and Jeffrey B. Halter, MD for the article “Successful Implementation of a Faculty Development Program in Geriatrics for Non-Primary Care Physician Educators.” Honorable mention is given to Constance L. Coogle, PhD; Iris A. Parham, PhD; and Rita Jablonski, PhD, for the article “The Value of Geriatric Care Enhancement Training for Direct Service Workers.” The purpose of this award is to recognize excellence in scholarship in academic gerontology in AGHE’s official journal, Gerontology & Geriatrics Education.

Graduate Student Paper Award
Presented to Christina Miyawaki, MA, MSW, University of California, Berkley. This award acknowledges excellence in scholarly work conducted by an AGHE Annual Meeting student attendee.

Book Award for Best Children’s Literature on Aging
Presented to Sheila Bair, JD, for “Rock, Brock, and the Savings Shock” in the primary reader (pre-K–2nd grade) category, and Ilene Cooper for “The Golden Rule” in the elementary reader (3rd–5th grade) category. This award recognizes portrayals of meaningful aging in children’s literature.

The 2010 Annual Meeting and Leadership Conference will take place in Reno, NV, from March 4–7. The designated theme is “Mining Silver: Optimizing Aging and its Workforce through Education.”
One of the primary goals of emerging scholars is to learn the ins and outs of getting published, yet we rarely have formal training on issues such as how to select a journal that suits our work. Here are some tips that might help.

Start by asking yourself some questions:
1. What are my goals? Does your piece inform, propose theory, or build on previous results? Many journals have a statement of goals that help you assess whether your work fits. Some journals only accept empirical work; others publish literature reviews, qualitative studies, or policy analysis.
2. Who is my intended audience? Are you talking to MDs, policy makers, or academics? Who would you expect to be most interested in your results and their implications? You may want to consider journals specific to gerontology, but journals from other disciplines may also be a good fit. Try education journals, nursing journals, journals of family studies, policy journals, just to name a few.
3. What tier am I shooting for? Not all papers will make it to Proceedings of the National Academy of Sciences. Does that mean you shouldn’t try? Get advice from co-authors and mentors about the tier of journal for which you should shoot. In deciding to aim high, you may want to consider how long you are willing to wait to get reviews or revise the paper. If it is rejected, you might want to have a back up plan for where to send it next.
4. Where do the people I know publish? In what journals do your mentors publish? What about your peers or students that completed their degrees before you? What journals do you cite in your work?

Do your research:
1. Find relevant journals. Use an electronic database to do a broad search for possible journals. For example, there are 41 journals with titles including the word “aging” and 23 with the word “gerontology” listed on PubMed Journal Database. Only 3 come up when you narrow the search to “psychology” and “aging” as title keywords.
2. Search individual journal websites. Most journals have a description, statement of purpose, intended audience, and instructions for authors who want to submit. You can also look at the list of editors for the journal. Are they names you recognize from your field?
3. Look at examples of other articles published in the journal. A good way to determine what the journal will accept is by seeing what they have already published. Do the articles seem similar (e.g., in topic, scope, audience, methods, or manuscript length) to what you are hoping to submit? Has your topic already been covered ad nauseum in that journal? Look through the tables of contents for the last few years.
4. Find out the journal’s impact factor. The impact factor is a rating scale that identifies how important the journal is based on how frequently it is read and cited — and indirectly indicates how tough it is likely to be to get accepted there. You may want to start with the less-visible, lower-tier journals for your first submissions.
5. Ask the editor. Once the paper is ready to submit, it never hurts to e-mail your abstract to the editor and ask if it is something they are interested in at the moment.
6. Look for calls for papers. Often journals have special issues on a certain topic and put out a request for submissions. For example, The Journal of Aging and Social Policy recently put out a call for papers on “Advancing Aging Policy for the Second Decade of the Century.”

Portugal Reacts to Salt Intake Concerns
Reuters has reported that the Portuguese government is considering legislation that would limit the use of salt in the commercial production of bread, due to high death rates from strokes in the country. Portugal’s key dietary staple — dried salted cod — has made the Portuguese accustomed to using more salt in food than other nations, and bakers add generous amounts to their dough. Bread is one of the main sources of salt intake and many Portuguese citizens eat it with every meal. Strokes account for some 20 percent of deaths in Portugal. A Fernando Pessoa University study found that the daily average salt intake in Portugal was about double the limit recommended by the World Health Organization.

UN Report Details Aging Population Explosion
A report issued in March from the United Nations, titled “The 2008 Revision of World Population Prospects,” projects the world population will reach 7 billion early in 2012, up from the current 6.8 billion, and will surpass 9 billion people by 2050. The publication also said that developing countries will add 2.3 billion inhabitants with 1.1 billion people aged over 60 and 1.2 billion of working age. In the more developed regions, the population aged 60 or over is expected to increase by more than 50 percent over the next four decades, rising from 264 million in 2009 to 416 million in 2050.

Tokyo Running Short on Care Facilities
According to Japan’s Yomiuri Shimbun newspaper, many of Tokyo’s elder citizens are being forced to leave the city to receive adequate long-term care. Currently, about 38,000 people are on waiting lists for admission to homes in Tokyo for elderly people in low-income brackets who require around-the-clock nursing care. The result is that a growing number of people end up having to find care facilities farther afield, a trend that runs counter to the government’s nursing care policy, which stresses the importance of enabling the aged to live in a familiar environment.
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Center for Health Statistics (1970–74), where I learned through various assignments about the looming demographic impact of the “gray revolution.” I wrote reports on nursing home residents and became concerned that we knew little about underlying pathways that lead to disability and institutionalization. Indeed, the biological processes involved in aging remained a great mystery for biomedical science.

With encouragement from Nathan Shock — as well as other prominent gerontologists, including Richard Sprott, George Baker, and Charles Goodrick — I became convinced that with persistent and creative research we could identify biological mechanisms of aging and develop effective interventions for extending the healthy lifespan. To this end, I have devoted my career to discovery and development of pharmacological and nutritional treatments to attenuate aging, age-related disease, and functional decline. During my 26 years at the National Institute on Aging, I was able to follow this pursuit, and in my last years there I had the privilege of organizing a Laboratory of Experimental Gerontology to focus on these objectives. I have been involved in aging studies using cellular models, animal models, and clinical trials. My research has produced patented drugs for treating Alzheimer’s disease. Regarding nutritional interventions, my research has focused on the health benefits of low calorie diets, and I have helped to launch a new research field in calorie restriction mimetics.

During this time, GSA has been an indispensable resource for enhancing my research, as it has for thousands of other scientists. Our Society provides a valuable network of colleagues, informational resources and educational tools, as well as the organized advocacy vital to the advancement of knowledge and stimulation of solutions to address the many challenges of an aging population. With great conviction about its important interdisciplinary role, I have served GSA in many capacities, including an appointment as Secretary-Treasurer of the Biological Sciences Section, as well as serving on the REP, Publication, Membership, Fellowship, and Biological Sciences Section Committees, and on the Editorial Board of our journals. As a member of the Publications Committee, I was most proud to advance the increased exposure and financial value of our journals. For our annual meetings, I have organized and obtained funding for many symposia and chaired many sessions. I was most honored to be elected as a fellow within the Biological Sciences Section in 1994.

I have worked in gerontology long enough to see it evolve as a dynamic scientific discipline, as Nathan Shock had envisioned, and, as a result, garner growing interest from the public. With its unique interdisciplinary composition, GSA provides a nexus for communication among its members and with the public. My major goal would be to enhance communication both within and outside our Society to further promote the visibility of gerontology. Across the four separate sections our organization, I would seek new avenues and venues for interdisciplinary communication. The need for more productive crosstalk is most acute for our Biological Sciences Section, whose members feel that their important message can be lost in the shuffle within the larger organization. Additionally, given the new political landscape and promises of change, we will need to find ways of communicating effectively as an organization to government and to the general public in order to advocate our science and to promote the well-being of the aging population both nationally and internationally. Communication with and service to our members must be our priority if we are to grow our organization in number of members as well as in prestige. I look forward to meeting these challenges and to raising GSA to even greater prominence with the help of other dedicated members.

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my intent to continue this direction as much as possible and to extend the influence of GSA worldwide.

I am trained as a geneticist and my primary professional interests have been in using genetics to understand the molecular physiology underlying aging. I have focused most of my research on mutations that lead to extended longevity (now as much as ten-fold) in the nematode C. elegans. My research has revealed many startling discoveries, the most important of which is the fact that such mutations exist (i.e., a single alteration in only one of the several tens of thousands of proteins in a species can lead to prolongation of life span). Importantly, the major pathways identified are tightly conserved in mammals and most notably in humans, which may allow the possibility to use drugs to mimic the known mutational events, which turn off pathways associated with aging. This would thus retard the progression of the aging processes and lead to the slowing of many diseases associated with aging.

My contributions have been to initiate the genetic studies on aging while still a post-doc and to promote and extend this research the rest of my career. My most fundamental contributions have been to initiate the genetic approach to dissecting the aging processes and to suggest that genetic alterations could slow the aging rate and lead to life prolongation. More recently, we have been focusing on epigenetic alterations and have developed a methodology that permits us to predict which genetically-identical members in a population are likely to outlive their comrades.

These studies have been published in many journals in the aging field and in the Proceedings of the National Academy of Sciences, Science, Genetics, and Nature Genetics, among others.

One of my primary goals as GSA president is to work to integrate the various groups and societies that play a role in the study of the aging processes and their amelioration. I hope to lead a presidential task force to examine the role of the Biological Sciences Section, which is by far the smallest section in GSA. I was president of the much smaller American Aging Association last year; I would like to work to see that association, which represents only biomedical scientists, develop a relationship with GSA that could further the needs of both societies.

I would also like to see GSA take a leadership role in aging research worldwide. Perhaps GSA should sponsor an international multidisciplinary meeting every five years in which researchers, practitioners, and other interested persons could come together and share ideas for improving people’s lives.

Finally let me say again that I am honored to have been nominated and if elected will do my utmost to continue the prominent role of GSA in aging research and practice, and will continue to move the reputation of GSA forward as a champion of aging research and the aged. I am especially grateful to be able to compete with a candidate like Don Ingram, whom I have known and respected for more than 20 years, and am sure that either of us would provide excellent leadership.

Ballots for the election of GSA’s next officers went online April 1, 2008. E-mails containing the link were sent to all members in late March. If you did not receive yours, please contact GSA at geron@geron.org.
Stimulus Generates NIH Funding Opportunities
As part of the American Recovery and Reinvestment Act of 2009, the National Institutes of Health (NIH) has designated at least $200 million for a new initiative called the NIH Challenge Grants in Health and Science Research. This endeavor will fund 200 or more grants that address “challenge topics,” which are specific scientific and health research challenges in biomedical and behavioral research (that will benefit from significant two-year jumpstart funds). Challenge areas, defined by the NIH, focus on specific knowledge gaps, scientific opportunities, new technologies, data generation, or research methods that would benefit from an influx of funds to quickly advance the area in significant ways. The research in these areas should have a high impact in biomedical or behavioral science and/or public health. Please visit www.nih.gov for complete details. All proposals must be received by April 27, 2009.

NIA Earmarks Monies for Alzheimer’s Centers
The National Institute on Aging (NIA) invites applications from qualified institutions for support of Alzheimer’s Disease Research Centers (ADRCs). These centers are designed to support and conduct research on Alzheimer’s disease (AD); to serve as shared research resources that will facilitate research in AD and related disorders; distinguish AD-related disorders from the processes of normal brain aging and mild cognitive impairment; provide a platform for training, develop novel techniques and methodologies; and translate these research findings into better diagnostic, prevention, and treatment strategies. Centers are expected to provide an environment and core resources that will enhance cutting-edge research by bringing together biomedical, behavioral, and clinical investigators to study the etiology, pathogenesis, diagnosis, treatment, and prevention of AD, and to improve health care delivery. Centers should also foster the development of new lines of research and provide a rich training environment for fellows and junior faculty to acquire research skills and experience in interdisciplinary AD research. For more information, visit grants.nih.gov/grants/guide/rfa-files/RFA-AG-10-002.html. The deadline for the receipt of all applications is May 6, 2009.

Joint FOA Seeks To Reduce Health Disparities
The National Institutes of Health recently issued a funding opportunity announcement (FOA) sponsored jointly by the National Cancer Institute; the National Heart, Lung, and Blood Institute; and the Office of Behavioral and Social Sciences of the National Institutes of Health to solicit grant applications for the Centers for Population Health and Health Disparities Program. This opportunity is designed to promote trans-disciplinary research in the area of health inequities that contribute directly to improved health outcomes and quality of life for populations with high disease burdens, such as the elderly. The deadline for receipt of optional letters of intent is April 29, 2009. To read the FOA in its entirety, visit grants1.nih.gov/grants/guide/RFAs/RFA-CA-09-001.html.

Research Welcomed on Diverse Pain Conditions
The National Institutes of Health (NIH) Pain Consortium is requesting research on all conditions in which pain is a prominent feature. Of interest are conditions, such as cancer, that of themselves or their treatment may result in pain. New and innovative advances are needed in every area of pain research, from the micro perspective of molecular sciences to the macro perspective of behavioral/social sciences. Although great strides have been made in some areas, such as the neural pathways of pain, pain and the challenge of its treatment have remained largely unsolved. Proposals that seek to improve the understanding of the causes, costs, and societal effects of both acute and chronic pain and the relationships between the two are highly encouraged. Additionally, proposals that link such understandings to the development of better therapeutic interventions, including complementary and alternative medicine interventions, and management of acute and chronic pain are in keeping with the current translational focus of NIH and are encouraged. Please visit grants.nih.gov/grants/guide/pa-files/PA-07-282.html for complete details. Application materials are due by September 8, 2009.

Grants To Boost Heart Failure Research
The National Institutes of Health seeks grant applications to further promote research on the role of nutrition and diet in the causation, prevention, and treatment of cardiomyopathies and heart failure. Basic, translational, and applied interdisciplinary research applications with rigorous hypothesis-testing study designs using animals or humans are of interest. The overall goal is to develop a satisfactory scientific base for preventive approaches in high-risk individuals and for rational nutritional management of patients in various stages of heart failure. The total project period for this funding opportunity may not exceed two years. Direct costs are limited to $275,000 over a two-year period, with no more than $200,000 in direct costs allowed in any single year. The deadline for applications is May 8, 2009. For complete details, please visit grants.nih.gov/grants/guide/pa-files/PA-06-136.html.
“Taking the Next Step: Technical Assistance Workshop” is a 2-day interactive forum for pre and post-doctoral students and recent recipients of Ph.D., M.D. or related doctoral degrees who are members of groups under-represented in aging research. During the workshop, NIA staff and associated faculty members will present information and provide technical assistance on applying for NIA grants. Participants in the workshop will have an opportunity to make podium presentations of current or planned research projects, receiving feedback from peers and NIA staff. The Technical Assistance Workshop will be held immediately prior to the 2009 Annual Scientific Meeting of the Gerontological Society of America, in Atlanta, GA on November 17th and 18th. Participation is by competitive application.

Applicants: Applicants may be new to the NIH application process or embarking on an independent program of research. Investigators who demonstrate a commitment to research careers related to minority aging issues are encouraged to apply. Transportation and lodging expenses will be provided for all selected applicants. First-time applicants will be given priority and a modest payment for preparation and participation. Applications must be completed and submitted electronically or postmarked by July 17, 2009. A recent C.V. must accompany all applications. Individuals who have conducted funded research for more than 5 years, are considered established investigators and/or are former Summer Institute participants are ineligible. Applicants must be U.S. citizens, nationals or permanent residents.

To request an application or additional information, please contact Ms. Andrea Griffin-Mann at 301-496-0765 or by e-mail at griffinmanna@mail.nih.gov. See: http://www.nia.nih.gov/NewsAndEvents/