inside this issue:

• GSA’s Advocacy Efforts ........................ 2
• 50th Anniversary of the Senate Special Committee on Aging . . . . 4
• AGHE Meeting Recap ............................ 8

The Gerontologist Seeks Papers for Special Issue
For a forthcoming special issue, The Gerontologist invites authors to contribute original research papers and review papers focused on the aging of the baby boom generation. Particularly welcome are papers that are conceptually based, methodologically sophisticated, and oriented toward policy and practice. Submissions will be due August 1. Visit www.geron.org/thegerontologist to download the full Call for Papers.

Older Americans Month Theme Announced
The U.S. Administration on Aging (AoA) sponsors Older Americans Month every May. This year’s theme is “Older Americans: Connecting the Community.” This subject pays homage to the many ways in which older adults bring inspiration and continuity to the fabric of American communities. The AoA is providing materials to assist partners at the national, state, and local levels in planning activities in commemoration of Older Americans Month. For more information, visit: www.aoa.gov/AoARoot/Press_Room/Observances/2011/Older_Americans.aspx.

GSA Presidential Candidates Issue Statements

Kenneth W. Lyles, MD

As a member of GSA for over 25 years, I have grown within the organization to most recently chair of the Health Sciences (HS) Section. One of my contributions to GSA is the development of the late-breaking poster session for the HS Section, 2007, done in collaboration with Behavioral and Social Sciences Section colleagues. I have presented my science at meetings, published in the Journal of Gerontology: Medical Sciences (JGMS), reviewed meeting abstracts, and am on the Editorial Board. GSA has long been known as the premier society in the world for producing and promoting top quality research on aging issues.

Laurence Z. Rubenstein, MD

As an active GSA member for over 30 years, and a fellow since 1986, I feel honored to be a candidate for GSA president. I have enjoyed participating in GSA’s evolution since the late 1970s and am continually astounded by the creativity and vigor of its membership and staff. We have come a long way in our growth and development as a field, yet we have much more to accomplish.

Effective Pain Management Crucial to Older Adults’ Well-Being

Improved management of chronic pain can significantly reduce disability in older adults, according to the latest issue of the WHAT’S HOT newsletter from GSA. A copy is included with this month’s mailed edition of Gerontology News.

Based largely on presentation highlights from GSA’s 63rd Annual Scientific Meeting in November 2010, the current WHAT’S HOT examines the impact of pain in older adults, strategies for managing pain and preserving function, and methods to improve the assessment and management of pain for residents in long-term care facilities, including those who have dementia. Support for this publication was provided by McNeill Consumer Healthcare.

“What’s HOT” points out that pain is a signal that something is wrong, and that reports of pain should not be dismissed simply because the patient is older. Furthermore, the issue demonstrates that chronic musculoskeletal pain is associated with numerous problems such as increased disability and sleep difficulty in older people. The research and national initiatives presented therein underscore the importance of good pain management in older adults and explore strategies for optimizing patient well-being.

WHAT’S HOT

“Under-treatment of chronic pain in older adults is common, contributing to unnecessary suffering,” said Deborah Dillon McDonald of the University of Connecticut School of Nursing, who served as an advisor for the issue. “Older adults and practitioners need to work together to find optimal multimodal pain management plans that reduce pain and avoid adverse events.”

Continued on page 6

Continued on page 6

Continued on page 7
Advocacy Is the Best Policy
By James Appleby, RPh, MPH
jappleby@geron.org

Thanks to the efforts of GSA members, a total of 588 letters that spoke out against National Institutes of Health budget cuts were sent to Congress during a two-day period in February!

These letters were the result of an “Action Alert” that GSA sent via e-mail to its members in the U.S. The call was prompted by the passage of a continuing resolution in the House of Representatives that reduced FY 2011 federal spending in some vital areas — including health and medical research. Since (as of press time) this year’s budget deliberations are still ongoing, and the debate over FY 2012 appropriations isn’t far behind, expect to see similar calls to action from GSA in the near future.

Advocating for additional investments in aging research is a top priority for GSA. The Society’s stated mission is “to promote the conduct of multi- and interdisciplinary research in aging by expanding the quantity of gerontological research and by increasing its funding resources.” Together we can have an impact. Members joining together to support a common cause provides a sense of community within our Society.

In response to threats to important sources of financial support, GSA’s advocacy arsenal is growing in strength. The letters I mentioned above were made possible through a digital platform called Capwiz. GSA is in the process of integrating this tool into its online Policy Center (www.geron.org/policy-center). Capwiz allows us to create targeted and timely messages that can be delivered to legislators with great speed. All constituents need to do is fill in their personal information, make any desired adjustments to the text, and click the submit button. We reached a total of 197 representatives and senators as a result of February’s letter campaign, which proves how effective these efforts can be.

GSA also is working on behalf of its members on several other advocacy-related projects. Some of these are being led by the Friends of the National Institute on Aging (FONIA), of which GSA is a prominent member. (GSADeputy Executive Director Linda Harootyan will serve as chair starting in 2013.) The FONIA coalition currently is planning a week where NIA-funded researchers can meet with legislative staffers and elected officials in congressional district offices. Similar meetings will be set up in Washington where representatives of FONIA’s constituent groups can discuss the need for adequate funding streams with key members of Congress. A Capitol Hill briefing on the importance of investing in aging research also is in the works for 2011.

Furthermore, at GSA’s Annual Scientific Meeting in Boston this November, we will devote an entire symposium in our Public Policy Series to the topic of advocacy. The session will feature an overview of the current funding crisis, give tips on how to set up and prepare for a congressional meeting, and provide training in communication.

These initiatives all are focused on strengthening public funding streams, but we are also moving to explore ways to encourage support from the private sector. We will provide updates within these pages as new developments emerge.

Because research budget advocacy is so vital to the field of aging — particularly in the current financial environment — I welcome input on how GSA can continue to best serve its members in this regard. Please share your thoughts with me at jappleby@geron.org.

Sincerely,

James Appleby, RPh, MPH
jappleby@geron.org
In Memoriam

GSA Fellow Gordon Streib, PhD, passed away on February 17. He was a former chair of the GSA's Behavioral and Social Sciences Section and a previous winner of GSA's Robert W. Kleemeier Award. Streib pre-deceased his wife of 67 years, Ruth, by one day. Streib received his PhD in sociology from Columbia University in 1954, but began a long teaching career at Cornell University in 1949. While at Cornell, he was the recipient of two Fulbright scholarships and completed research on aging in Denmark in 1959 and in Ireland in 1966. After retiring from Cornell as a professor emeritus in 1975, he joined the faculty of the University of Florida as a graduate research professor of sociology and retired as a distinguished research professor emeritus of sociology in 1988. He was a founding member of the Southern Gerontological Society, which named their Gordon F. Streib Distinguished Academic Gerontologist Award in his honor.

Laura A. Ray, MPA, died suddenly at age 57 on February 3. She worked at the University of Texas Medical Branch (UTMB) for more than 30 years as a computer programmer-analyst, and for almost two decades as project director of the Hispanic Established Populations for the Epidemiologic Studies of the Elderly, an on-going longitudinal study of older Mexican Americans. A memorial scholarship fund is being established in her name at UTMB. For more information, please contact Kyriakos S. Markides at kmarkide@utmb.edu.

New Publications by Members

• “Designing Displays for Older Adults,” by Richard Pak and Anne McLaughlin. Published by CRC Press.

Members in the News

• The February 21 edition of The New York Times ran a profile of National Institute on Aging Director Richard J. Hodes, MD. In a question and answer segment, he discussed the current state of research on aging and current concerns about funding for the institute's projects.
• Bryan James, PhD, was quoted in a syndicated Health Day News story about a study he authored in the Journals of Gerontology Series A: Biological and Medical Sciences. His research found that socially active seniors are less likely to become disabled than other people in the same age category.
• Frank R. Lin, MD, PhD, was quoted in an article appearing the March 3 edition of The New York Times. The story focused on a study he authored in the Journals of Gerontology Series A: Biological and Medical Sciences, which found that nearly two-thirds of Americans aged 70 and older suffer from mild to severe hearing loss.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Paul Higgs, BSc, PhD
Visit www.geron.org/Membership/member-spotlight to ask questions and read previous interviews.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Jacqueline L. Angel, PhD
The recipient, who became eligible after referring new member Robert G. White, PhD, 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/connection.

Manning’s Dissertation Earns Miami University Award
Lydia Manning, MGS, a fourth-year PhD candidate in social gerontology at Miami University, has earned the 2010–2011 Miami University Department of Sociology and Gerontology Dissertation Fellowship Award. Her dissertation in progress, “Searching for the Sacred: A Phenomenological Investigation of Women's Spirituality in Late Life,” focuses on the significance that spirituality and/or religion has in the lives of six older women (aged 82 to100), all widowed, in southern Ohio. Manning received a Bachelor of Arts degree in sociology/anthropology from Centre College in Kentucky, earned a Master of Gerontological Studies degree from Miami University in 2004, and expects to complete her doctoral program in May.

Gugliucci Delivers WOMBAT Keynote
GSA Fellow and former Association for Gerontology in Higher Education President Marilyn R. Gugliucci, PhD, gave the keynote address at the Women Of Maine Battling AIDS Together (WOMBAT) conference on February 26 in Augusta, ME. During her address, “Granny’s Got Her Groove On,” she spoke on sexuality, intimacy, and aging. Some of the conference’s attendees, who spanned the ages of 26 to 70, have been HIV positive for over 30 years.

Texas Community Welcomes Evans
On February 25, William J. Evans gave a presentation, titled “Ten Keys to Vitality,” at the Querencia at Barton Creek senior living community in Austin, TX. During his talk, he discussed new evidence showing that the physiological functions that contribute to aging can be controlled, regardless of age or one’s physical condition. Evans is a professor of medicine in the Geriatrics Program at Duke University Medical Center and also co-author of “Biomarkers: The 10 Keys to Prolonging Vitality.” Evans’ research has examined the relationship between exercise, nutrition, and aging. His studies have demonstrated the ability of older men and women to improve strength, fitness, and health through exercise.
Happy Fiftieth to the Senate Special Committee on Aging

When is "congressional collaboration" not an oxymoron? When you are talking about the Senate Special Committee on Aging. Bipartisanship and collaboration have been a hallmark of this committee for 50 years. That would almost be enough to celebrate, but the Senate Special Committee on Aging has had many other praiseworthy accomplishments since its creation in 1961. This success is due to a number of factors, including fine senatorial leadership; superlative staff; issues of moral, financial, and historical import; and the nature of a special committee itself.

Before I continue waxing poetic about the accomplishments of the Senate Special Committee on Aging, I should remind readers that I was a staff member of this committee in the mid-1980s. My work on the committee and the people I met there remain a highlight of my professional life and continue to influence the way I approach public policy and advocacy.

The History of a Very Special Special Committee

The Senate Special Committee on Aging was created in 1961 as a temporary committee that was to expire in January 1962. At that point, however, a resolution was adopted to extend the life of the committee; for every year since, the committee’s existence has been extended in the same manner.

Creating special committees is not uncommon in Congress. Interestingly, it was the way that our legislative branch conducted business for the first century or so of its existence. These days, Congress employs a system of standing committees, but occasionally a special or select committee is used to bring attention and action to a current problem, as in the Special Committee on Foreign Aid Program or the House Select Committee on Hurricane Katrina. The House Select Committee on Aging was created in 1974 but was not extended after 1992. Sometimes select committees become standing committees, as in the case of space and aeronautics topics.

At the time the Senate Special Committee on Aging was created, there had been years of interest in special issues related to aging. President Dwight Eisenhower created a Federal Council on Aging in 1956. (In a letter to Secretary Arthur Flemming in 1959, Eisenhower stated, “Federal programs for the aged, including Social Security programs, have increased fivefold in the last decade and will total $15 billion in the fiscal year 1960. This is a substantial contribution to our national effort in this field, but the task is not done.”) The first White House Conference on Aging was held in Washington, DC, in 1961. One could argue that the federal council and White House conference contributed to a positive environment for the creation of the Special Committee on Aging. Further, the Senate Committee on Labor and Public Welfare had a subcommittee on the aged for two years prior to the establishment of the special committee, and the chairman for both was Senator Patrick McNamara of Michigan.

Dale Vinyard, PhD, published an informative and interesting analysis of the founding and functions of the Senate Special Committee on Aging in the autumn 1972 issue (volume 12, number 3) of The Gerontologist. Vinyard made the following observations about what made the aging committee special:

Another advantage was that as a special committee with a wide mandate it was not as circumscribed by jurisdictional boundaries as a standing committee. The problems of concerns to the aged obviously were fragmented among a number of different committees (e.g. Medicare and the powerful Finance Committee, Housing and the Banking and Currency Committee, Poverty programs and the Education and Labor Committee, etc.). The special committee, however, could examine the whole field, rather than confine itself to one fragment. Even more important, since the special committee lacked legislative authority, their recommendations would have to be reviewed by the appropriate standing committees. As a result, their activities would generally not encounter the same hostility and suspicion that would confront a legislative committee if it should appear to poach on another committee’s jurisdictional domain (p. 299).

The committee uses public hearings to raise awareness about issues and bring attention to areas of concern. Just recently, the committee featured aging actor Mickey Rooney to highlight the problems of elder abuse and exploitation. Over the years, the committee has taken on almost as many issues as our GSA membership could handle. I went back and looked at the hearing records (some of which can be easily accessed on the committee website at www.aging.senate.gov/hearings.cfm) and found a rich body of testimony on everything from Medicare, Medicaid, Social Security, and the Older Americans Act, to medical research, geriatrics, pensions, budgetary issues, long-term care, nutrition, elder abuse, fraud and financial exploitation, older workers, Alzheimer’s disease, hunger, and end of life issues. You get the picture, I am sure; the committee examines issues on which we spend much of our time and is an advocate for older adults within the larger institution of the Senate.

The hearing process employed by the special committee also allows for an issue to be examined more thoroughly than might be possible in a standing committee. The resulting hearing record, statements, and analysis can then be used by the committee members and standing committees when formulating legislation.
and federal policy. This is an especially useful tactic when an aging committee member is also on a committee with jurisdiction over health care, labor, justice, or business policy. In addition, although the committee has no formal oversight authority, the senators and staff have been known to needle federal departments and agencies to make sure that concerns of the elderly are not forgotten or dismissed. The committee has also had a very effective investigative team over the years who have uncovered scams, poor program oversight, and ineffective programs and use of resources.

One of the most memorable and useful contributions of the aging committee was published for many years including those years during Senator John Heinz’s chairmanship. The report of the committee’s work was published each year as “Developments in Aging.” This publication was a bible for policy makers, researchers, and academicians. Many GSA members across the country contributed indirectly to its content.

Another tradition during the 1980s and ’90s was a session at the GSA Annual Scientific Meeting where the Senate and House aging committees would present updates on the key issues of the day and their work from that year. GSA’s Greg O’Neill, PhD, re instituted that session last year with a program featuring both Democratic and Republican staff of the committee. Please look for this session again at this November’s annual meeting.

Accomplishments

One of the first and foremost accomplishments of the newly created Senate Special Committee on Aging was working to obtain passage of the Older Americans Act in 1965, which established the Administration on Aging within the Department of Health, Education, and Welfare. The committee also promoted the passage of Medicare in 1965, according to Vinary:

Although its attention was never completely monopolized by the Medicare issue, it was certainly the committee’s dominant concern. The committee majority and staff obviously regarded it as the most pressing problem of the aged (p. 301).

The Senate Special Committee on Aging went on to take a firm stand against nursing home quality irregularities, and played a key role in the Omnibus Budget Reconciliation Act of 1986 and its historic nursing home reforms. Its work led to the drafting of the Elder Justice Act, which became a part of the recent Patient Protection and Affordable Care Act. The committee has helped to reveal and address the significant problem of poverty and hunger among the elderly as well as the high cost of prescription drugs. Its work led to the elimination of the mandatory retirement law. Committee staffers helped design the 1983 Social Security amendments, which led to a bipartisan agreement to extend the life of the program. Its work has led to improvements in Medicare, Medicaid, and pension law. The committee has exposed the plight of caregivers, and has studied the intractable issue of long-term care and the problems related to its workforce. It has worked to mitigate the detrimental effects of tax reforms and deficit reduction policies on the most vulnerable and frail elderly.

One of the reasons for this history of success is due to the flexibility of the special committee design, as mentioned above. Another reason is the inspired leadership of the many senators who have chaired the committee. Many are household names: Frank Church, Lawton Chiles, John Heinz, David Pryor, Chuck Grassley, William Cohen, Gordon Smith, and Herb Kohl. These senators may not have made their names because of the aging committee, but their legacies as legislators are definitely enhanced by their association with the committee.

Another reason for the Senate Special Committee on Aging’s successful half-century is the committee staff. The people who work on the committee are committed to aging issues. They are specialists in their fields. This leads to more thorough investigations and deeper levels of analysis than is often possible by legislative committee staff. After leaving the committee, many of these staff people have distinguished themselves in the fields of aging and health policy, long-term care, housing, hospital policy, and quality of care issues. They have gone on to work for foundations, think tanks, non-profits, and other government organizations.

The Aging Network and Aging Advocates

One of the most far-reaching consequences of the Older Americans Act and the work of the committee has been the development and expansion of what is known as the Aging Network. The Aging Network encompasses the state units on aging, area agencies on aging, and the thousands of community organizations providing home and community based services for the older population. The committee has played major roles in the efforts to reauthorize the Older Americans Act, including expansion of nutrition programs, the long-term care ombudsman program, caregiver services, and much more.

In addition to the Aging Network and direct service organizations, the number of advocacy, policy, and health organizations concerned with aging issues has skyrocketed in the last 50 years. The Senate Special Committee on Aging has worked with many of these myriad groups on each of the issues they have tackled. The relationship with advocacy groups is one of give-and-take, with information, influence, and access being the currencies exchanged. The advocacy groups uncover problems and areas requiring policy changes and improvements and approach the aging committee with suggestions (and vice versa). The aging committee conducts investigations, holds hearings, and works with legislative committees to pursue remedies and improvements. The Aging Network and advocacy groups help identify witnesses for the hearings. They collaborate on strategy for raising awareness, disseminating information, and obtaining funding for their programs. The aging committee and the Aging Network communicate freely and respectfully.

As I mentioned at the beginning of this article, another interesting aspect of the Senate Special Committee on Aging is the bipartisan nature of the relationship of the committee members. Often the issues being investigated by the committee are non-partisan in nature, but when they are not, a civil atmosphere still prevails.
Continued from page 1 - GSA Presidential Candidates Issue Statements

Lyles Continued

Board of the JGMS. If elected President of GSA, my main goals are: first, to ensure that GSA is on a more secure financial footing so that we can continue to serve our members through publications, activities, and the annual meeting. I will work with the members to increase our philanthropic revenues as well as manage our existing revenue streams to continue programs vital to our mission. Second, GSA fellows are an untapped resource, and all sections need to create opportunities for their fellows to undertake mentoring activities and other roles, thus, indirectly increasing support for our trainees and early career faculty. I will work with membership and staff to strengthen our Society and make it an even more vibrant force for aging research and education and the people we represent.

Kenneth W. Lyles, MD (Medical College of Virginia), is professor of medicine and medical director of medicine site based research at Duke University; staff physician at the Geriatric Research Education and Clinical Center, VA Medical Center, in Durham, NC; and clinical coordinator for The Carolinas Center for Medical Excellence in Cary, NC.

Rubenstein Continued

Moreover, GSA's interdisciplinary structure, its publication legacy, and its embrace of evolving communications technology have all helped to synergize its overall effectiveness. The world needs GSA and we can continue to contribute immensely to the world's benefit. GSA's expertise in cutting-edge aging research has been a touchstone of truth amidst the false claims and hyperbole from non-evidence-based searchers for fountains of youth. Yet despite its scientific rigor, GSA brings waves of hope and progress toward improving the quality and quantity of life in our older years.

My own career in gerontology has been a wonderful journey that started with my appointment in 1979 as director of a new geriatric hospital unit at the Sepulveda VA. My excellent mentors, Bob Kane, John Beck, Itamar Abrass, David Solomon, and Bob Brook, helped shaped my initial studies of geriatric program efficacy, which helped provide a better understanding of what "works" in geriatrics to improve healthcare outcomes. More recently, my research has evolved into the clinical area of mobility impairment and fall prevention. Throughout my growth as a teacher, researcher, and clinical geriatrician, GSA has been an outstanding forum for communication, interaction, dissemination, and development of ideas.

My vision is to participate actively as GSA continues to build on its strengths as the leading scientific gerontology organization and enlarges its role in influencing national policy for improving geriatric healthcare, social services, mental health, overall quality of life, and all levels of aging research. I will look forward to working actively with all disciplines and sections in propelling GSA forward. Major components of my role will be planning a vital national meeting, assisting our excellent staff and Council with programmatic development and strategic planning, facilitating our host role for the 2017 World Congress of Gerontology and Geriatrics, and stimulating growth of training and research funding. I look forward to the opportunity to serve GSA and to working with all of you.

Laurence Z. Rubenstein, MD (Albert Einstein), MPH (UCLA), is professor and chairman of the Donald W. Reynolds Department of Geriatric Medicine of the University of Oklahoma College of Medicine. He moved to Oklahoma in 2010 after 32 years on the faculty of the UCLA School of Medicine in Los Angeles, where he was professor of geriatric medicine, director of the Geriatric Research Education and Clinical Center at the Greater Los Angeles VA Medical Center, and senior research consultant at RAND Corporation.

meet the staff
A regular feature that goes behind the scenes at GSA headquarters

Kenneth Cook

Kenneth Cook, PhD, began working as a volunteer for the Association for Gerontology in Higher Education (AGHE) — GSA's educational branch — in 1995 as part of a phased retirement from AARP. Following his full retirement in September 1996, he was awarded AGHE's Mildred M. Seltzer Distinguished Service Recognition, and he currently continues to serve as an AGHE volunteer, primarily maintaining and updating the aghe.org website.

Cook was employed by AARP for 21 years, ultimately working as director of the AARP Andrus Foundation. Prior to this, he was a research psychologist and vice president of Century Research Corporation, where he provided behavioral science research and consultation to industry and government in air, traffic, and mine safety; image interpretation; military systems; and social science surveys for a variety of topics such as recreation, water conservation, and transportation. He also was a statistical consultant in personnel research for the U.S. Army and served briefly in personnel administration for the Chrysler Corporation.

He received PhD in psychology from The American University and MS and BS degrees in industrial psychology from The Pennsylvania State University. He maintains memberships in the Southern Gerontological Society (of which he is a past president and director), the Adult Development and Aging Division of the American Psychological Association, and the Technical Group on Aging of the Human Factors and Ergonomics Society. He is also a member of the Committee on Aging of the Episcopal Diocese of Virginia and the Tri-Diocesan Council on Aging in Virginia.
Comprehensive Report on Clinical Preventive Services Report Unveiled
A new report, “Enhancing Use of Clinical Preventive Services Among Older Adults: Closing the Gap,” calls attention to the self-reported use of preventive services by America’s growing population of older adults and points to gaps in their delivery. This resource aims to not only raise awareness of critical gaps, but also highlight opportunities for increasing the use of these services particularly among those who are currently underserved. Signifying the importance of this focus, the report was developed by the U.S. Centers for Disease Control and Prevention, the Administration on Aging, the Agency for Healthcare Research and Quality, and the Centers for Medicare and Medicaid Services in partnership with AARP, the American Medical Association, the Association of State and Territorial Health Officials, The Gerontological Society of America, the National Association of Area Agencies on Aging, the National Association of Chronic Disease Directors, the National Association of County and City Health Officials, and the National Association of States United for Aging and Disabilities. At the center of this report are eight indicators for monitoring the use of clinical preventive services among adults aged 65 and older: two vaccinations that protect against influenza and pneumococcal disease; five screenings for early detection of breast cancer, colorectal cancer, lipid disorders, and osteoporosis; and smoking cessation counseling. Additionally, the report highlights seven other recommended services for older adults: alcohol misuse screening and counseling; aspirin use; blood pressure screening; cervical cancer screening; depression screening, obesity screening and counseling; and zoster vaccination. The report can be viewed at www.cdc.gov/aging.

New Fall Prevention Guidelines Issued
The American Geriatrics Society (AGS) and the British Geriatrics Society (BGS) have released new guidelines aimed at preventing serious and potentially deadly falls among older adults. Roughly a third of Americans 65 and older fall each year, and 10 percent to 20 percent of those who fall suffer moderate to severe injuries that limit their mobility and threaten their independence. Fall-related injuries are one of the leading causes of death for older Americans, accounting for more than 10,000 deaths annually. The online guidelines are now available at www.americangeriatrics.org/education/cp_index.shtml. They recommend a multi-factorial fall risk assessment for all older adults who have had a fall, who have been identified as having gait and balance problems, or who report difficulties with gait or balance. The guidelines include a clinical algorithm that outlines, step-by-step, recommended evaluations and interventions, and emphasize the key role of evidence-based strength and balance training in effective multi-factorial interventions. The guidelines reaffirm the central role of evidence-based strength and balance training in effective multi-factorial interventions. Each step in the guidelines algorithm includes links to both general and specific recommendations. Accompanying annotations offer brief discussions of the research supporting each recommendation, evaluate this research employing a U.S. Preventative Services Task Force rating system, and grade the strength of the recommendations. In cases where data were insufficient or existing literature ambiguous or conflicting, recommendations are based on the consensus of the panel following extensive discussion. The new guidelines update an earlier set that the AGS, BGS, and American Academy of Orthopedic Surgeons published in 2001.

Latest Installment in MFP Report Series Issued
Mathematica Policy Research is issuing a series of short reports related to the Money Follows the Person (MFP) Demonstration Grant Program, a U.S. government initiative designed to assist individuals moving from a nursing facility or hospital to a residential setting in the community. The fifth report in this series, “Money Follows the Person Demonstration Program: A Profile of Participants,” by researchers Debra J. Lipson and Susan R. Williams, presents a profile of MFP participants who transitioned from institutions to qualified home or community-based residences from the start of the program through June 2010. It also compares the characteristics of MFP participants to individuals eligible for the program before it began. This report is available for download at: http://www.mathematica-mpr.com/publications/PDFs/health/mfpfieldrpt5.pdf.

Geriatric Nursing Materials Added to Online Resource Portal
The Hartford Geriatric Nursing Initiative has recently partnered with the administrators of the Portal of Online Geriatric Education (POGOe) at Mount Sinai School of Medicine and Vanderbilt University in order to disseminate Hartford’s geriatric nursing programs and products as widely as possible. POGOe, located at www.pogoe.org, is a free public repository of a growing collection of over 400 geriatric educational materials in various formats, including lectures, exercises, virtual patients, case-based discussions, simulations, and links to other resources.

Continued from page 1 - Effective Pain Management Crucial to Older Adults’ Well-Being
Among the most successful methods for pain treatment are physical activity, pain protocol interventions, and medication use. Additional topics raised in the newsletter focus on ongoing activities to support safe selection and use of analgesics (including appropriate acetaminophen dosage), which is important to communicate to multiple stakeholders, including patients, caregivers, health care providers, policymakers, and researchers.

Visit www.geron.org/WhatsHot to download an electronic copy of the newsletter. The website also contains a subscription form to join an online discussion group related to topics addressed in the issue.
AGHE Meeting Honors Distinguished Individuals
The Association for Gerontology in Higher Education (AGHE) recognized its newest officers, fellows, and award winners at its recent Annual Meeting and Leadership Conference in Cincinnati, OH. The four-day event, which took place March 17 to 20, provided a forum for professionals in the field of aging to present their work and share ideas about gerontological and geriatric education and training. The theme was “Living the Old Age We Imagine: Higher Education in an Aging Society.”

Officers
These individuals are responsible for matters of governance and strategic planning for the organization.

President-Elect
Janet Frank, DrPH, University of California, Los Angeles

Treasurer
Kathryn Hyer, PhD, University of South Florida

Members at Large
Thomas Teasdale, DrPH, University of Oklahoma
Laura Donorfio, PhD, University of Connecticut

Fellows
AGHE confers fellow status to individuals to recognize outstanding leadership in gerontological and geriatric education by established scholars and educators at AGHE member institutions. The 2011 fellows are:
Janet C. Frank, DrPH, University of California, Los Angeles
William E. “Billy” Hills, PhD, Coastal Carolina University
Lesa Lorenzen Huber, PhD, Indiana University
Douglas P. Reed, PhD, University of Central Oklahoma
Sandra L. Reynolds, PhD, University of South Florida
Pamela B. Teaster, PhD, University of Kentucky
E. Ayn Welleford, PhD, Virginia Commonwealth University

Awardees
Clark Tibbits Award
Presented to Edward F. Ansello, PhD, Virginia Commonwealth University.
This 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.

Hiram J. Friedsam Mentorship Award
Presented to Dena Shenk, PhD, University of North Carolina at Charlotte.
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 Eleanor Covin, PhD, University of North Carolina Wilmington; and Mary B. Ligon, PhD, York College of Pennsylvania.
This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

Mildred M. Seltzer Distinguished Service Recognition
Presented to Betty D. Dodson, PhD, University of Nevada Reno; Lisa Groger, PhD, Miami University of Ohio; John A. Krout, PhD, Ithaca College; and Betsy M. Sprouse, PhD, AARP.
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.

Part-Time Faculty Recognition
Presented to Charlotte Paolini, DO, University of New England College of Osteopathic Medicine.
This award formally recognizes the contributions of part-time and/or adjunct faculty for their contributions to gerontological education at an AGHE member institution.

David A. Peterson Gerontology & Geriatrics Education Best Paper of the Volume Award
Presented to Noell Rowan, PhD, University of Louisville; Patricia D. Gillette, PT, PhD, Bellarmine University; Anna C. Faul, PhD, University of Louisville; Pamela A. Yankelev, PhD, University of Louisville; Kevin W. Borders, PhD, MSSW, MDiv, Spalding University; Stacy Deck, PhD, MSSW, University of Louisville; Lori D. Nicholas, MSW, University of Louisville; and Mark Wiegand, PT, PhD, Bellarmine University, for the article “Innovative Interdisciplinary Training in and Delivery of Evidence-Based Geriatric Services: Creating a Bridge with Social Work and Physical Therapy.” Honorable mention is given Paul T. Stolee, PhD, University of Waterloo; Carrie A. Mcaine, PhD, McMaster University; Loretta M. Hillier, MA, St. Joseph’s Healthcare London; Diane Harris, Diane Harris and Associates; Pam Hamilton, Providence Continuing Care Centre; Linda Kessler, RN, BScN, BA, MHSc, Providence Continuing Care Centre; Victoria Madsen, MA, St. Joseph’s Health Care Hamilton; and J. Kenneth Le Clair, MD, FRCPC, Queens University, for the article “Sustained Transfer of Knowledge to Practice in Long-Term Care: Facilitators and Barriers of a Mental Health Learning Initiative.”
The purpose of this award is to recognize excellence in scholarship in academic gerontology in AGHE’s official journal, Gerontology & Geriatrics Education.

Student Writing Contest
Eight sixth graders in the Cincinnati, OH, area have been selected as the winners of the AGHE Student Writing Contest, honoring older adults who have inspired them and made a difference in their lives.
The competition was sponsored by AGHE’s K–12 Committee in partnership with the Center for Productive Aging at Towson University, the School of Social Work at New Mexico State University, the Scripps Gerontology Center at Miami University of Ohio, and York College of Pennsylvania. The winners are:

**Essays**
First place: Lee Workum, “Thanks”  
Second place: Parker Kleykamp, “My Loved One”  
Third place: Eriana Trice, “My Grandpa (BKA ‘Papa’)”  
Honorable Mention: Myles Washington, “Bridging the Generations”

**Poems**
First place: Zoe Spellen, “Pretty Perfect Pam”  
Second place: Niaja Saders, “My Nana”  
Third place: Evan Miyasato, “My Grandma”  
Honorable Mention: Sedona Spellen, “Passing on a Smile”

All eight are students in Kathryn Manning’s class at Kilgour Elementary School.

The 2012 Annual Meeting and Leadership Conference will take place in the Washington, DC, area. The designated theme is “Engaging Aging in Higher Education.” Visit www.aghe.org for news and updates.

---

**international news**

**Singapore To Cultivate Age-Friendly City**
According to a report from the Xinhua News Agency, the government of Singapore has launched an initiative to promote the development of age-friendly environments and services. The City for All Ages project will promote research and cooperation with universities, develop social spaces, enhance community-based care services, and encourage new products and services for senior citizens. World Health Organization statistics estimate that the total number of older people in cities in developing countries will increase from 56 million in 2000 to over 908 million in 2050.

**Koreans Unsure of Retirement Savings**
Only nine percent of South Koreans believe they are financially prepared to retire, according to survey results published in the Anchorage Daily News. The figure is significantly lower than the world average of 30 percent (34 percent for Europeans and 32.5 percent for North Americans), according to the data provided by the Nielsen Company. The poll also showed that nearly 40 percent of Koreans are expected to retire before turning 60 years old. Nielsen surveyed 26,000 people in 53 countries, including 501 Koreans, all of whom were under age 60.

**Quebec Directs More Money Toward Senior Care**
Citing concerns about Quebec’s aging population, the Montreal Gazette has reported that Premier Jean Charest recently announce the Canadian province’s government will invest an additional $150 million this year in home care and other services for older citizens. That amount will increase to $200 million annually, starting in 2012. Of the new funding, $50 million has been earmarked for home care. The balance will go toward convalescence care and nursing homes, among other services.

**Japan Unveils Watch-Like Monitoring Device**
The Associated Press has reported that one of Japan’s top telecommunications companies is developing a wristwatch-like device to monitor the well-being of seniors. It has a built-in camera, microphone, and accelerometer, which measure the pace and direction of hand movements to discern what wearers are doing — from brushing their teeth to vacuuming or making coffee. In a demonstration at Nippon Telegraph and Telephone Corporation’s research facility, the test subject’s movements were collected as data that popped up as lines on a graph. Using this technology, a person’s activities during each hour of the day can be shown on a chart.

**Israel Begins Paying Pensions to Former Gazan Workers**
Israel has started transferring pension payments to Gaza Strip residents who worked in Israel before the blockade was imposed on the strip, according to a recent statement from the country’s Ministry of Defense. Under the terms of the new agreement, Israel recently deposited a sum of 1.6 million Israeli New Shekels in the Bank of Palestine in Ramallah. From there the money was forwarded to the bank accounts of 92 beneficiaries in the bank’s Gaza branch. Most of the beneficiaries used to work in Israeli hospitals and money had been deducted from their wages for their pension funds, as required by law. The sum they have received so far was for covering old debts. From now on their pension allocation will be transferred to them regularly, under the arrangement. After Hamas took over the Gaza Strip and Israel declared it a hostile entity, ties between Israeli banks and Palestinian banks in Gaza were severed. Since then the authorities have had difficulty forwarding funds to some 1,000 Gaza residents who had previously been employed in Israel.
Celebrating Careers in Aging

We’ve all experienced it at least one time. If it hasn’t happened to you, believe me, it will — that typical conversation between you and the unknown:

Unknown: “You’re a what?”
You: “A gerontologist.”
Unknown: “What’s that? Oh, I know. You study the Earth.”
You: “No, I’m not a geologist.”
Unknown: “So you study the lineages of families.”
You: “No, that is a genealogist.”
Unknown: “So what do you do?”
You (proudly): “I study aging.”

The unknown then has an “ah-ha” moment, realizing you are probably one of the most important people this world has to offer. He or she proceeds to let you know they know “so many old people” who have a million ailments (and want to know why), or cannot understand why their grandfather is so cantankerous, or want you to diagnose what is wrong with their mother (without a medical examination), or — the best — want you to predict their future life as an aged person.

As our society ages, it recognizes the value of those who understand aging from various concepts and disciplines. A degree in gerontology or geriatrics may not have been viewed as “hot” to the majority of those not in the fields. But those who are know that what society deems as “hot” often cools off after a decade or two. For us, this cannot happen because someone somewhere is always aging. Gerontology and geriatrics are “hot” and always will be because we can permeate every field and create new careers based on the need differences of the aged. However, with the many opportunities for a career in aging, having guidance is useful so you can enjoy your life as a gerontologist.

“I love my job” is a quote heard throughout the multidisciplinary world of aging. Around the world, Careers in Aging Week (CIAW) events take place at universities and colleges annually in April. This year, CIAW will be held the week of April 10 to 16. It is not uncommon for students, academic faculty, and community members from varying disciplines to participate in CIAW because its purpose is to “bring greater awareness and visibility to the wide-ranging career opportunities in aging and aging research.” Events may include but are not limited to:

• career fairs
• panel discussions
• volunteer activities
• professional advancement workshops
• poster sessions

In past years, West Virginia University’s (WVU) GSA and Sigma Phi Omega members hosted an Aging Roundtable and Networking Night featuring four to five themed tables. Each table had a host from an aging-related discipline who facilitated a discussion about his or her work. The primary goal of the roundtable discussion was to stimulate and encourage multidisciplinary networking. The event welcomed speakers from the university and other individuals from the community, including representatives from a local hospice agency and administrators from a long-term care facility. They addressed various topics in gerontology such as career opportunities in aging, grant opportunities for research with older adults, current state and national legislation aimed at older adults and individuals in the field of gerontology, and clinical issues related to working with patients who are dying. WVU also sponsored a movie night where faculty, students, and older adults gathered to watch “Young @ Heart,” a documentary about a choir in New England whose average member’s age is 81 years. This movie sparked interaction and discussion among those who participated about the abilities of the aging community.

This year, students from the Doctoral Program in Gerontology at the University of Maryland, Baltimore and University of Maryland, Baltimore County will celebrate CIAW with an event at the Jenkins Senior Living Community. Students will tour the community and discuss issues such as long-term care, transitions within the community, the challenges of providing low-income housing, and culture change as it applies to staffing and resident autonomy. After the tour, students will volunteer by serving lunch to the residents. Students will also spend time getting to know residents through small group discussions and interactions. Additionally, the program will host a networking forum with leaders in the field of aging to discuss career paths and opportunities in conjunction with the Delta Lambda chapter of Sigma Phi Omega.

GSAs educational branch, the Association for Gerontology in Higher Education (AGHE), has useful information about CIAW and opportunities available for programs. At www.careerinaging.com, a sponsor letter tool is also available for use in asking for funding through local sponsorships, which still may be available in your area. Promotional items and kits are also available for purchase to help promote your institution’s events.

For further assistance in finding your “inner gero,” I suggest the following affordable books:


This month’s article highlights CIAW celebrations at several institutions. It is designed to foster ideas for institutions, faculty, emerging professionals, and students who may have thoughts of participating in CIAW, but have come to the intersection of “We Want to Participate Street” and “We Don’t Know what To Do Avenue.” My hope is that this article has sparked something within you to turn your knowledge into practice and show your world what being a gerontologist is all about. Gerontology and geriatrics are “hot,” and if you can’t stand the heat, get a fan (manual or automatic) and keep working!

The author thanks Sarah Stahl and Amanda Peeples for their assistance in preparing this column.
Grants To Foster Aging in Place Efforts
The National Institute on Aging and the U.S. Administration on Aging are inviting applications for translational research that moves evidence-based research findings towards the development of new interventions, programs, policies, practices, and tools that can be used by community-based organizations to help older individuals remain healthy and independent in their own homes and communities. The goal of this funding opportunity is to support translational research involving collaborations between academic research centers and community-based organizations with expertise serving older adults that will enhance understanding of practical tools, techniques, programs, and policies that communities across the nation can use to more effectively respond to needs of their aging populations. Applications can be made starting May 5; the funding opportunity expires May 8, 2014. See grants.nih.gov/grants/guide/pa-files/PA-11-123.html for complete information.

AoA Seeks Partners for Elder Abuse Center
The National Center on Elder Abuse (NCEA) serves as a national resource center dedicated to the prevention of elder mistreatment. The NCEA disseminates information to professionals and the public, and it provides technical assistance and training to states and to community-based organizations. The U.S. Administration on Aging (AoA) plans to award both a cooperative agreement to run the NCEA information clearinghouse and a cooperative agreement to carry out an NCEA Native American Elder Justice Initiative. Public, nonprofit, private, and tribal agencies and organizations, including faith-based organizations and community-based organizations, as well as universities and other entities, are eligible to apply under this program announcement. Grantees are required to match at least 25 percent of the total program costs from non-federal cash or in-kind resources. For further details, visit www.aoa.gov/Grants/Funding/index.aspx. Applications for the funding are due May 9.

Federal Cancer Research Funds Still Available
The National Institute on Aging’s funding opportunity for translational research at the aging/cancer interface will expire on September 8. The available grants will be awarded for studies that enhance translational research in the overlapping areas of human aging and cancer by integrating knowledge of basic processes in cancer biology and aging into clinical care of older patients with cancer, and by exploring clinical observations from the patient care setting at more basic and molecular levels. Ultimately, research supported by this initiative should lead to further improvements in prevention, diagnosis and disease management, improving the health and well-being of elderly patients at risk for, or diagnosed with, cancer and decreasing the functional impairment and morbidity associated with cancer in this population. Visit grants.nih.gov/grants/guide/pa-files/PA-08-230.html for information on how to apply.

Policy Fellows Program Welcomes New Applications
The deadline to apply for a 2011 Health and Aging Policy Fellowship has been extended until May 20. This national program, supported by The Atlantic Philanthropies, seeks to provide professionals in health and aging with the experience and skills necessary to contribute to the development and implementation of health policies that affect older Americans. The program is open to physicians, nurses, social workers, and other clinicians (e.g., pharmacists, dentists, clinical psychologists) with a demonstrated commitment to health and aging issues and a desire to be involved in health policy at the federal, state, or local levels. For more information, visit www.healthandagingpolicy.org.

The Academy for Older Adult Wellness
We train and offer certification for trainers who work with older adults in community-based wellness programs.

May 21 - 26, 2011
Hotel Colorado - Glenwood Springs, Colorado

Choose from comprehensive, hands-on evidence-based programs in fall prevention and self-management. Attend professional development workshops.

Learn cutting edge evidence-based programming. Become certified in new skills for older adult wellness.

Create an opportunity for organizations in your community to become significant links in the older adult continuum of health care.

Become part of the group of professionals that are pioneering new ways to deliver quality wellness programs and receiving CEU’s.

To view the complete course offerings and to register, go to: www.coaw.org

Consortium for Older Adult Wellness