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The Gerontologist Seeks Papers for Special Issue

Authors are invited to submit papers for a forthcoming special issue of The Gerontologist, “Remembering Our Roots.” The Call for Papers encourages “gerontological scholars to reach back and reconsider where we came from, how our science developed, and how the ideas and seminal contributions of our academic ancestors influenced how we think about aging today.” Papers should identify and point readers to groundbreaking contributions that must be understood by seasoned researchers as well as emerging scholars. The abstract submission deadline is June 1 and manuscripts will be due January 4, 2013. The special issue is expected to be published in February 2014. Visit www.geron.org/thegerontologist for full details.

Become a Volunteer Leader!

GSA currently is looking for members who wish to serve on the Society’s committees and task forces in 2013. Individuals interested in volunteering for these leadership positions should contact Kevin Brown at kbrown@geron.org with their name, CV, and committee or task force of interest. A list of GSA’s committees and task forces can be found at www.geron.org/governance.

GSA Presidential Candidates Issue Statements

Rosemary Blieszner, PhD

Global population aging trends point to ongoing need for cutting-edge research, policy development and analysis, and evidence-based education and interventions aimed at fostering the best possible life-span health and well being for all people. Interdisciplinary approaches are increasingly important in advancing new knowledge and professional practice.

As a strong interdisciplinary organization with a recognized international presence, GSA has a vital leadership role to play in research, policy, and interventions. A major goal would be to promote more truly interdisciplinary efforts to sharpen the focus of the research questions we are asking ourselves.

Keith E. Whitfield, PhD

My vision for GSA focuses on enhancing the vertical and horizontal integration and reach of the enormous scholarly, practice, and policy talent within the organization. This vision is driven by my passion for respecting the past and present accomplishments within GSA while pointedly investing in the future.

I am a major advocate of the vertical integration of senior scientists and practitioners with emerging ones. If elected, I would create space in the conference program and new networks for members to facilitate those types of connections. These initiatives and activities would facilitate collaborations across the discipline.

GSA Joins Other Stakeholders To Seek Sarcopenia Solutions

GSA has become a founding member of a new group working for greater levels of research and innovation to develop treatments in the area of sarcopenia — the progressive loss of skeletal muscle — and age-related functional decline.

As initiated by the Alliance for Aging Research, The Aging in Motion (AIM) Coalition is a diverse partnership between patient, caregiver, health, and aging organizations that will pursue ongoing interactions with clinicians, policy influencers, and regulators (primarily the U.S. Food and Drug Administration [FDA] and the Centers for Medicare and Medicaid Services [CMS]) to accomplish its goals.

It was founded primarily because there currently are no regulatory channels to evaluate or develop treatment for sarcopenia, although it affects nearly half the U.S. population age 65 and over at great cost to the health care system.

GSA Fellow Jack M. Guralnik, MD, PhD, MPH, a professor at the University of Maryland School of Medicine, has been chosen to head the coalition’s Scientific Advisory Board.

“Sarcopenia is an understudied problem in older people that has important implications for disability and loss of independence,” Guralnik said. “The AIM coalition will do important work in bringing this issue to the attention of the public, physicians, researchers, and policymakers. It will serve a very valuable function in educating CMS and the FDA about sarcopenia and functional decline and will provide a proposal to the FDA on ways to evaluate the effectiveness of drug therapies for sarcopenia and its consequences.”

The rest of the board is largely made up of GSA members, including Luigi Ferrucci, MD,
GSA Remains Vigilant Through Aging Advocacy

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

With our 11th annual Careers in Aging Week taking place this month, GSA remains committed to spreading awareness of the many job opportunities within our field. But members should also know what GSA is doing to sustain the long-term viability of many of these opportunities. For example, GSA is now involved in several efforts to ensure adequate support is given to a number of federal programs in the aging arena.

We recently learned the full details of the FY 2012 budget for the National Institute on Aging (NIA), which provides a significant amount of funding for gerontological research. The NIA’s overall grant paylines — the percentile rank up to which an agency intends to fund the majority of, if not all, the grant applications it receives — will remain at their FY 2011 levels, which means that research project grants for established investigators requesting less than $500,000 in direct costs will be paid through the 11th percentile. Early-stage investigator R01 applications will be paid through the 16th percentile and other new investigator eligible R01s will be paid through the 14th percentile.

Another new partnership has us working with the Alliance for Aging Research’s Healthspan Campaign, which aims to accelerate and coordinate discoveries within the several NIH institutes that have an interest in chronic diseases associated with aging. Linda is serving as GSA’s point of contact for this initiative, too. As part of the campaign’s “Blueprint for Research in Geroscience,” she has already participated in meetings with the National Institute of Diabetes and Digestive and Kidney Diseases and the National Heart, Lung, and Blood Institute. The ultimate goal is to develop tools to assist scientists working across institutes and centers to solve aging-related health problems.

GSA Deputy Executive Director Linda Harootyan, MSW, currently is charge of the Friends of the NIA, is in charge of our role in this effort. We’ll also be asking members to make their voices heard, too, so please keep an eye on your e-mail inbox to learn how you can help.

Similarly, GSA has teamed up with the Alliance for Aging Research’s Healthspan Campaign, which aims to accelerate and coordinate discoveries within the several NIH institutes that have an interest in chronic diseases associated with aging. Linda is serving as GSA’s point of contact for this initiative, too. As part of the campaign’s “Blueprint for Research in Geroscience,” she has already participated in meetings with the National Institute of Diabetes and Digestive and Kidney Diseases and the National Heart, Lung, and Blood Institute. The ultimate goal is to develop tools to assist scientists working across institutes and centers to solve aging-related health problems.

Another new partnership has us working with the National Council on Aging to develop policy proposals for the reauthorization of the Older Americans Act (OAA). Among them is a recommendation related to aging education. As developed by JoAnn Damron-Rodriguez, PhD, LCSW, and Association for Gerontology in Higher Education President Janet Frank, DrPH, it would require all new employees who will deliver services sponsored by Title III of the OAA to meet a minimal educational standard and have demonstrated competencies in the care and/or service provision for older adults.

As GSA continues its work to safeguard and promote federal aging-related research and programs, I urge you to consider what can be done at the individual level. In this month’s Policy News section on page 4, we share the stories of two successful advocates. Sincerely,

James
**New Publications by Members**

"Older Can Be Bolder: 101 Answers to Your Questions about Aging," by Erdman B. Palmore. Published by Create Space.

**Members in the News**

- On February 4, Christine W. Hartmann, PhD, was a featured guest on BBC Radio’s “The Stephen Nolan Show.” She talked about her recent memoir describing the end of life journeys of her parents, “So Far Away: A Daughter’s Memoir of Life, Loss, and Love.”
- On February 12, an article in The Atlantic described how GSA Fellows Leonid A. Gavrilov, PhD, and Natalia S. Gavrilova, PhD, was cited in several news publications in February. One of their recent studies found that the rate of mortality growth with age for those over 80 years does not flatline, contrary to a long-held belief, but in fact continues until at least 106 years at the same rate as previously thought for those aged 30 to 80 years of age. This finding will affect cost projects for programs such as Social Security and Medicare, and provide more accurate mortality rates.
- New America Media recently reported on research completed by E-Shien Chang, MA and XinQi Dong, MD, both from Rush University’s Institute for Health Aging. They are studying members of Chicago’s Chinese community to prevent elder abuse and neglect and have launched anti-abuse activities.
- Multiple media outlets have reported on the research by Wendy K. Watson, PhD, and Charlie Stelle, PhD, presented at GSA’s 2011 Annual Scientific Meeting in Boston. Their study focused on online and continue to pursue their careers as gerontologists.
- Research by GSA Fellows Leonid A. Gavrilov, PhD, and Natalia S. Gavrilova, PhD, was cited in several news publications in February. One of their recent studies found that the rate of mortality growth with age for those over 80 years does not flatline, contrary to a long-held belief, but in fact continues until at least 106 years at the same rate as previously thought for those aged 30 to 80 years of age. This finding will affect cost projects for programs such as Social Security and Medicare, and provide more accurate mortality rates.

**Member Spotlight**

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Gordon S. Lynch, 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: Dolores Gallagher-Thompson, PhD
The recipient, who became eligible after referring new member Aleksandra Stepanenko, 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.

**Award To Be Named in Hayflick’s Honor**

The Friedrich Schiller University of Jena in Germany has announced plans to establish an award named after former GSA President Leonard Hayflick, PhD. It is expected that Hayflick himself will be the first recipient in 2013. The new award coincides with the university’s new focus on aging research and the 50th anniversary of two of Hayflick’s seminal papers on human diploid cell strains. These papers described the finite replicative capacity of normal human cells and, for the first time, reported on the immortality of cancer cells, the reduced number of population doublings for normal adult human cells, the exquisite virus susceptibility of normal human cells, and the proposal that normal cells be used for the production of human virus vaccines. Since their publication, over two billion people have benefitted from virus vaccines produced in Hayflick’s cell strain, WI-38. He currently is a professor of anatomy at the University of California, San Francisco.

**Melillo’s Publication Selected as AJN Book of the Year**

“Geropsychiatric and Mental Health Nursing (Second Edition),” a book co-edited by GSA Fellow Karen Devereaux Melillo, PhD, has earned an American Journal of Nursing (AJN) Book of the Year Award for 2011. This distinction has been given annual to a list of books since 1960.

**GSA Staff Teams Up To Support DC Seniors**

When budget difficulties recently forced the Washington, DC, Office on Aging to discontinue a program that delivered nutritional supplements to local seniors, GSA employees stepped in to provide financial assistance through a campaign organized by LeadingAge. The staff’s contributions, which were matched by GSA, will go toward the purchase of 500 cases of Boost and Ensure in order to fill the needs gap left by the funding challenges. Donations are being accepted until April 30 and interested individuals can visit www.leadingage.org/dcenurse for more information.

**Mahoney Receives Funds for Alzheimer’s iPhone App**

GSA Fellow Diane F. Mahoney, PhD, has been awarded a $180,000 grant from the Alzheimer’s Association to develop a system for iPhones to help people with Alzheimer’s Disease get dressed easier and function more independently for a longer period of time. Mahoney and her colleagues created a system called Development of a Responsive Emotive Sensing System (DRESS), which will use iPhones installed onto the front of each dresser drawer to provide sequenced instructions to assist users to dress themselves. She is in the process of collecting focus group data to provide insight on how to create a prototype of the interactive dresser.
Advocacy: Practice Makes Perfect

Advocacy is a topic that is near and dear to my heart. I regard advocacy as a right and privilege close in importance to our right and privilege to vote. Therefore, I like to conjure up the words of the infamous Mayor Daley of Chicago when I exhort you to “advocate early and often!”

Over the years, I have written primers in this space on how to become an advocate for your issues. If you are new to GSA or have forgotten my pearls of wisdom from other years, we have several resources available at GSA’s online Policy Center at www.geron.org/policy-center.

This time, however, I want to move from the how-to approach to the “you can, too” approach. For examples of successful advocacy, we turn to participants in the Hartford Scholars Program (which GSA administers) who attend the Policy Leadership Institute (PLI) each October in Washington, DC. The PLI is a two-day, intensive workshop that brings together communication experts, legislative information, inspirational speakers, how-to training sessions, and take-home advocacy tool kit. The institute culminates in visits to Capitol Hill to meet with members of Congress and their staff.

PLI graduates have been able to realize such accomplishments as securing grants, drafting legislation, changing career paths, and developing long-term professional relationships with legislators’s offices.

Two such successful advocates are GSA members Tina Maschi, PhD, and Casey Shillam, PhD. Tina is an assistant professor at the Fordham University Graduate School of Social Service. She is the president-elect of the National Organization of Forensic Social Work. Casey is a postdoctoral fellow at the Betty Irene Moore School of Nursing at University of California, Davis. She is an alumna of the Building Academic Geriatric Nursing Capacity (BAGNC) program and is currently active on the BAGNC Alumni Policy Committee.

Advocacy for Aging Prisoners

Tina’s interests lie in the aging prison population. Because of the stricter sentencing policies implemented in the 1980s, offenders are often incarcerated for 30 years instead of, say, 10 years. The unintended consequence of this policy has been to dramatically increase the number of seniors in the prison population.

From Tina’s point of view, this is a human rights issue and a public health issue. On one hand, medical neglect and lack of health care treatment options plague the prisoners both in prison and when they are released. On the other hand, the cost to house older inmates is three times greater than younger inmates ($22,000 per year vs. $68,000 per year).

“My approach to advocacy was strongly influenced by attending the Hartford Policy Leadership Institute,” Tina said. “In response to this training, I have been bringing my message to all key stakeholders including policymakers, researchers, agency administrators, and staff both in prisons and the community, and family members of incarcerated older adults.”

Tina said her experience at the institute was “an eye opening experience for me, especially in terms of education and advocacy for aging prisoners. Being able to be trained by experienced policy advocates and meet with legislative staff showed to me that my research on aging prisoners can really make a difference towards developing or amending existing laws to help this all too often neglected population.”

Tina met with the legislative staff of Senators Charles Schumer (D-NY) and Robert Menendez (D-NJ). (She met with these two particular senators because she works in New York and lives in New Jersey.) She said she had an interesting experience when she met with one of Schumer’s legislative aides. As she described her concern for and research about aging prisoners, the aide pointed out that Schumer had supported the stricter sentencing laws of three decades ago. Here is where Tina was able to show through her research and analysis that there were unintended consequences of that sentencing policy.

“The most important take away message that I received from the training was that research most matters when it affects local, state, federal policies. In the case of aging prisoners, this is essential in order to address their often overlooked physical and mental health needs while in prison or poised for reentry,” she said.

One of the main goals of the PLI is to help the scholars learn how to translate their research results into succinct messages for use with policy makers, the media, and the public. During our interview, Tina described how she used her training at the institute to tailor her message to the public. Acknowledging that aging prisoners are not an innately sympathetic group, Tina has learned to articulate a thoughtful argument that balances public safety fears with compassion and cost/benefit analyses.

To reach the public, Tina has started working with Fordham University’s Public Voices group, which focuses on publishing op-eds. To reach policy makers and academic types, Tina uses a white paper she and her colleagues published at Be the Evidence (sites.google.com/site/betheevidencemap), a nonprofit organization whose mission is to “foster dialogue and action on how human rights and social justice can be realized in everyday and professional practice.”

Tina admitted that the plight of aging prisoners is a tough sell, but she said she is confident that by raising awareness through multiple outlets and by using education and field-based research, she will be able to influence public policy for the benefit of the aging prisoner.

Advocating for Nursing’s Future

Casey also credits the PLI with jump-starting her advocacy efforts. When Casey attended in October 2010, the Institute of Medicine issued its landmark report, “The Future of Nursing: Leading Change, Advancing Health.” California was
named one of the first five pilot states to start an action coalition with the goal of implementing the recommendations of the report. These recommendations range from increasing the educational capacity of the nursing profession to enabling and preparing nurses to lead changes in the re-design of the healthcare system. Much of the work of the action coalitions involves changes at the national, state, and local organizational policy levels.

Casey threw herself into a new role as a nurse co-lead for the California Action Coalition. She coordinates its policy liaison team and serves in a liaison role between the coalition and the national team at the Robert Wood Johnson Foundation and AARP’s Center to Champion Nursing in America. In this capacity, she promotes federal-state partnerships and inter-professional collaboration. She works with state legislators and congressional leaders, health care professionals, health care consumers, and business leaders. Her education strategies for all stakeholders in the state include articles in academic publications, town hall meetings for community members, and collaboration with policy-makers and legislators at the state level.

Casey’s research work focuses on developing models of pain management for elderly patients in the primary care setting. “As a junior faculty member, I wanted to be more active in policy and advocacy but I didn't have the specific skills. The Policy Leadership Institute opened up doors for me in the policy arena,” she said. Since her participation in October 2010, Casey has developed her advocacy skills further by attending a communication and policy training at the University of Pennsylvania Institute on Aging.

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**Elements of Successful Advocacy**

<table>
<thead>
<tr>
<th>Message development:</th>
<th>Raising awareness, giving voice to the problem, putting names and faces to the issue</th>
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<tbody>
<tr>
<td>Education:</td>
<td>Using background information, research results, analyses, publications, community meetings</td>
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<tr>
<td>Creating relationships w/ stakeholders:</td>
<td>nurses, physicians, hospitals, prisoners and their families, judicial departments, law makers</td>
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<tr>
<td>Asking for specific action:</td>
<td>In Tina’s case, commuting sentences for infirm prisoners; for Casey, including nurses in the re-design of the nation’s health care system</td>
</tr>
<tr>
<td>Follow-up:</td>
<td>Writing thank you notes, sending updates, sharing resources</td>
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**Legislative Update**

The pay roll tax extension bill was passed by the House and Senate on February 17 and immediately signed by President Barack Obama. Under the bill, workers would continue to receive a two percentage point reduction in their pay roll taxes (a reduction of $85 per month for a family making $50,000 per year); and people out of work for more than six months would keep jobless benefits averaging about $300 a week. In addition, the bill averted a 27 percent cut in Medicare payments to physicians. The tax cuts, unemployment benefits, and higher doctors’ payments will all continue through 2012.

The House voted 267-159 to repeal the CLASS Act on February 1; 28 Democrats joined all 239 Republicans in support of the repeal. The House Energy and Commerce Committee also marked up a bill to repeal the Independent Payment Advisory Board. The bill has enough co-sponsors to pass in the House, including a number of Democrats. However, House Republicans have added a medical malpractice amendment to the bill that is not supported by House Democrats.

The Making Investments Now for Dementia Act of 2011 (H.R. 610), introduced by Michael Burgess (R-TX), directs the secretary of health and human services (HHS) to issue bonds to aid in the funding of Alzheimer’s research in consultation with HHS and the National Institutes of Health. It was referred to the Energy and Commerce Committee’s Subcommittee on Health.

**Friends of the National Institute on Aging**

GSA is an active member of the Friends of the National Institute on Aging (FoNIA), a coalition of diverse organizations who support the research and training missions of the NIA. FoNIA helps raise awareness of the importance of research on aging and advocates for national support of the agency. On April 20, FoNIA’s is holding a day of advocacy on Capitol Hill. Member organizations will send representatives to push for an additional $300 million in the NIA’s FY 2013 budget. GSA members are requested to contact their congressional representatives during April to augment FoNIA’s advocacy effort. An e-mail with further details about this is forthcoming.

Linda Harootyan, GSA Deputy Director, is currently co-chair of FoNIA. In addition to GSA, its Executive Committee is composed of the Alliance for Aging Research; the Alzheimer’s Association; the American Federation for Aging Research; the American Geriatrics Society; the American Society on Aging; Brown Medical School; the Merck Institute of Aging and Health; the Population Association of America; the Association of Population Centers; USAgainst Alzheimer’s; the Alzheimer’s Foundation of America; and the University of Pennsylvania Institute on Aging.
Connecticut Area Agencies on Aging Fund University Programs To Assist Older Adults

The Southwestern Community Agency on Aging has issued grant funds to provide training to Fairfield University students in medication management and fall prevention. One program is called the HomeMeds Medication Management Improvement Program and represents a partnership between the school and Shamrock Home Care in Fairfield, CT, the Westport Weston Health District, and the Stratford Visiting Nurse Association. Through this program, nursing students are able to assess older people who live independently via a tool that can identify medication problems. Home-care nurses are then alerted to any potential problems that were identified by the students. The fall prevention program is called A Matter of Balance, which was developed by an organization in Maine. After students, faculty, and community members receive training to prevent falls, they will lead workshops on fall prevention to local senior housing sites and senior centers.

Texas Schools Launch Annual Symposium Series

On February 24, the University of Houston-Downtown, San Jacinto College, and the Galena Park Independent School District co-sponsored the first annual Symposium on Gerontology-Geriatrics Awareness and Education. The event was directed toward community professionals whose activities now or will in the future involve the older adult population. These individuals included older adults, community members faced with aging family members, and students with possible interest in aging-related careers. The keynote presentation, “What Everyone Needs to Know about Aging Cells, Aging Organisms and Aging Societies” was given by Robert Rouse, who is director of the Texas Consortium Geriatric Education Center at the Huffington Center on Aging and an associate professor at Baylor College of Medicine.

Alfred University’s Gerontology Program to Co-Sponsor Annual Conference on Successful Aging

Alfred University’s Gerontology Program, part of the Division of Psychology in the College of Liberal Arts & Sciences, will be among the sponsors for an annual conference on successful aging, which will be held April 26 on the university’s campus. “Be the Change” is the theme for the eighth annual conference, hosted by the Allegany County Community Partnership on Aging and organized by the Allegany/Western Steuben Rural Health Network. Colin Milner, a renowned author, entrepreneur, industry leader, and founder/chief executive officer of the International Council on Aging, will deliver the keynote address. The afternoon plenary speaker is Greg Olson, acting director of the New York State Office for the Aging. Olson’s topic is “Nothing Endures But Change.” Workshops and general sessions will focus on topics including medication management, healthcare reform, geriatric depression, veterans’ services, caregivers as change agents, innovative senior transportation programs, and community credit service.

Continued from page 1 - GSA Presidential Candidates Issue Statements

Blieszner Continued

ask and increase the innovation and usefulness of the findings we obtain. Related efforts would extend to strengthening international collaborations and multicultural research and advocacy in the U.S. and abroad.

I would also strive to reinforce GSA’s friendly, collegial culture as reflected in the perceived value of networking at annual meetings, informal and formal mentoring opportunities, and full partnership between the Emerging Scholar and Professional Organization and other GSA groups.

Whitfield Continued

different GSA sections to produce innovative aging science, programs, and policies.

My efforts as a leader in promoting mentoring and interdisciplinary programs in a number of academic and national advisory settings has prepared me to effectively implement these courses-of-action. Moreover, during the past 11 years, I have served GSA in a variety of capacities which have familiarized me with the inner-workings of our organization and what we need to continue to successfully move forward.

As a long-term member and fellow, author of journal articles and annual meeting presentations, and former committee member, officer, and editor, I have extensive, diverse leadership experience in GSA. I would be honored to serve as president and work toward achieving these interdisciplinary and international goals.

Rosemary Blieszner, PhD (Penn State), is the Alumni Distinguished Professor of Human Development at Virginia Tech, Blacksburg, where she also serves as associate director of the Center for Gerontology, and associate dean of the graduate school.

Keith E. Whitfield, PhD (Texas Tech University), is the vice provost for academic affairs at Duke University, where he also serves as a professor of psychology and neuroscience, a research professor of medicine, and the co-director of the Center on Biobehavioral Health Disparities Research.

Ballots for the election of GSA’s next officers were e-mailed to all members on April 1 and the voting process will remain open until May 15. If you did not receive your online ballot or wish to receive a paper ballot, please contact geron@geron.org.
ESPO Members Examine Financial Crisis’ Impact on Global Aging: Part 1

By guest authors Julie Norstrand, MS, MSW, Heehyul Moon, MSW, and Thao Tran, MSN, RN, PHN

Why should we care about global aging? Global projections for the population are vital for understanding implications for the future of societies, and require international coordination of national and local actions. Population aging impacts major sectors including healthcare, social, political, and economic. In this issue, we ask how the financial crisis will affect older adults. What additional consequences does the financial crisis hold for older adults, including family structure, health, and social service provision? How does the impact of the financial crisis differ for aging populations in developed versus developing countries? To meet the needs of an aging world, gerontologists need a complete understanding of the financial ramifications of global aging.

As emerging scholars and professionals in GSA, we have an opportunity to impact the welfare of the international aging population. At this point in our careers we need to ask ourselves: What can we do to improve the experience of aging across the globe? This article is the first in a two-part series where we will examine the financial issues associated with global aging and then address how emerging scholars and professionals of GSA can get involved in international aging issues.

Global Aging Trends

The U.S. Census Bureau estimates that the global population age 65 or over is projected to increase from approximately 550 million in 2000 to 973 million in 2030. In the more-developed regions of the world, the number of persons age 60 or over is expected to increase from 231 million in 2000 to 395 million in 2050. In contrast, in the less-developed regions, the older population will more than quadruple during this same period, from 374 million to 1.6 billion. The National Institute on Aging has identified that the oldest-old demographic (age 85 and up) is the fastest growing population in many countries, including China, the U.S., India, Japan, Germany, and Russia. Globally, this age group is expected to increase 151 percent between 2005 and 2030.

Impacts of Aging

The global trends in population aging have impacts on the health, social, political and economic sectors. The increase in the number of older adults will require increased formal services, (e.g., public health and health care systems), informal services, and public support, including pension or retirement programs. The U.S. Centers for Disease Control and Prevention estimate that public financial support for long-term care is projected to increase 20 to 21 percent in both the U.K. and the U.S. between 2000 and 2020, and 102 percent in Japan. David E. Bloom and colleagues point out in their 2011 Oxford Review of Economic Policy article, “Implications of Population Aging for Economic Growth,” that the population trend may result in shifts in social policies and structures, such as retirement policy, pension and health care programs, as well as the efficiency of labor and capital markets, and economic systems. With the higher proportion of older people and lower level of labor participation among older people, the ratio of elderly to working-age people will rise. The global economic crisis since 2007 has affected social security systems, pension funds, and other sources of income for older persons as well as their families across the globe. Consequently, older people, families, and global society may face more social and economic challenges.

Aging in developed and developing countries

The countries that are immediately faced with the issue of population aging are primarily developed countries. When examining the consequences of the rise in number of older adults on society at large, it is important to point out that this absolute change in the numbers of seniors needs to be considered along with the age structure changes. For example, in terms of the social sector, there may be a disruption to family structures in developing countries where familial responsibility for the older adult is tantamount. As lifespan increases, this familial responsibility may become harder and harder to sustain. Further social ramifications may be seen when taking into account the dependency ratio (number of working age persons per older person), as this ratio is expected to increase more quickly in developing countries.

The implications of population aging for economic growth in developing countries require immediate attention. However, Keiichiro Oizumi argues in his 2006 book, “Facing up to the Problem of Population Aging in Developing Countries,” that it will be more difficult to build up a social security system in developing countries because the income levels, infrastructure, and legal system are not sufficiently established when compared to developed countries. Furthermore, the impact on healthcare is a major worry with the aging population on a global basis. However, because healthcare in developing countries is limited and is generally confined to urban areas, older adults may need to rely more on their family and other informal supportive services. In addition, the need for training of healthcare professionals, and in particular, geriatricians, in developing countries remains an urgent one. As emerging professionals in the field of gerontology, we can help address these gaps through service in healthcare, research, and community service professions. In next installment of this two-part series, we will address how ESPO members can help meet the needs of the aging population.
NIH Marks Funds for Health Disparities Reduction

Several agencies within the National Institutes of Health (NIH) have issued a funding opportunity announcement focused on reducing health disparities through the development and translation of appropriate medical technologies. This announcement encourages Small Business Innovation Research Grant applications from small business concerns that propose to develop and translate medical technologies aimed at reducing disparities in healthcare access and health outcomes. Appropriate medical technologies should be effective, affordable, culturally acceptable, and deliverable to those who need them. The NIH defines health disparities as differences in the incidence, prevalence, morbidity, mortality, and burden of diseases and other adverse health outcomes that exist among specific population groups. Appropriate medical technologies must be effective, affordable, culturally acceptable, and easily accessible to those who need them. This announcement supports applications to develop medical devices, imaging systems, and other technologies that adequately address the healthcare needs of health disparity populations. It is expected that responsive grant applications will result in advances in medical technologies that will be invaluable in reducing health disparities within and across the priority areas of cardiovascular disease, stroke, cancer, diabetes, HIV/AIDS, infant mortality, mental health, and obesity, as well as lung, liver, and kidney diseases, psoriasis, scleroderma, and other diseases, illnesses, and conditions of public health importance. The letter of intent due dates are April 21 and August 21. For additional details, refer to: grants.nih.gov/grants/guide/rfa-files/RFA-EB-12-001.html.

AHRQ Offers Patient Centered Outcomes Research Grants

The Agency for Healthcare Research and Quality (AHRQ) has issued a call for applications for Mentored Career Enhancement Grant Awards in patient-centered outcomes research (PCOR). The program targets established mid-career and senior investigators who are interested in developing new skills in comparative effectiveness research methodology and applying these methods to PCOR. Candidates must hold the rank of associate professor or professor, or their equivalent in non-academic settings. Candidates must commit a minimum of six full-time calendar months to their career enhancement in PCOR across a period ranging from six months to two years. Applications for this award must propose a career enhancement/development plan that has intrinsic research importance in the area of PCOR; will serve as a suitable vehicle for learning the comparative effectiveness research methodology, as well as theories and concepts needed for undertaking a research career in PCOR; will ensure high research productivity; and will sufficiently prepare candidates for PCOR that is responsive to and involves stakeholders in the development of the research and/or in the dissemination and implementation of research findings. Research projects conducted by candidates must be designed to provide a strong foundation for conducting PCOR. The first of several application due dates is May 2. Additional details may be obtained at grants.nih.gov/grants/guide/pa-files/PAR-12-115.html.

NIH Monies Set Aside To Bolster LGBTI Population Studies

The National Institutes of Health (NIH) has issued a funding opportunity announcement to increase scientific understanding of the health status lesbian, gay, bisexual, transgender, intersex (LGBTI), and related populations. Recent data from national health surveys and targeted studies suggest that prevalence rates for some health conditions are higher among LGBTI populations than for the general population. There is evidence that LGBTI individuals delay health care treatment because they fear stigmatization or because their experiences have led them to believe that many health care providers lack knowledge and experience working with LGBTI individuals. There is also evidence that LGBTI individuals receive health care services that are not as appropriate and effective as those provided to non-LGBTI individuals. This announcement calls for research that will enrich scientific understanding of how sexual orientation and gender identity influence health, perceptions and expectations about health, health behaviors, and barriers to access to health-related services. The earliest submission date is May 16. Further information can be obtained at http://grants.nih.gov/grants/guide/pa-files/PA-12-112.html.

Grants Slated To Accelerate Frontotemporal Dementia Drug Discovery

The Alzheimer's Drug Discovery Foundation and the Association for Frontotemporal Degeneration are planning to fund research investigating the pathologic mechanisms of neurodegeneration in frontotemporal dementia and related disorders. The priority areas for this request for proposals include target validation studies; development and testing of novel high throughput screening assays; medicinal chemistry on lead compound; identification and in vitro testing of potentially disease modifying lead compounds; toxicology, pharmacokinetics, pharmacodynamics on lead compounds; testing of lead compounds in a relevant animal model for preclinical proof of concept; development of biomarkers to accelerate drug development and early diagnosis; and innovative pilot clinical trials. The deadline for applications is September 20. Submission of a letter of intent is required prior to September 6. Award winners will be publicly announced in the spring of 2013. For further information, visit www.alzdiscovery.org.

OBSSR Offers E-Mail Digest for Funding Opportunities

There is now an electronic news service sponsored by the National Institutes of Health's Office of Behavioral and Social Research (OBSSR) that provides e-mail updates for announcing funding opportunities in the behavioral and social sciences. Announcements are released once or twice a month to those who join the special listserv. Further information can be found at obssr.od.nih.gov/funding_opportunities/BSSR_guide_to_grants_at_the_NIH/guideIndex.aspx.
Johns Hopkins Offers Guided Care Training
The Roger C. Lipitz Center for Integrated Health Care at the Johns Hopkins Bloomberg School of Public Health will offer free training and technical assistance for organizations that seek to use the Guided Care model to participate in the Medicare Shared Savings Program. The Centers for Medicare & Medicaid Services developed the Shared Savings Program to improve care quality and reduce costs for Medicare beneficiaries and is now accepting applications for an April 2012 launch as part of the Patient Protection and Affordable Care Act. The free assistance is made possible by a grant from the John A. Hartford Foundation. The Guided Care model is designed to improve quality of care and quality of life, while improving the efficiency of treating the sickest and most complex patients. Guided Care teams consist of a registered nurse, two to five physicians, and the other members of an office team who work together to assess patients in their homes, create an evidence-based care plan, monitor patients proactively, smooth transitions between sites of care, promote self-management, coordinate the efforts of all providers, educate and support caregivers, and facilitate access to community resources. For more details about this assistance, visit guidedcare.org/adoption.asp.

MetLife Issues Survey Results on Family Financial Obligations

Family Caregiving Paper Contains Policy Recommendations
The AARP Public Policy Institute has released a new paper, “A Call to Action: What Experts Say Needs to Be Done to Meet the Challenges of Family Caregiving,” which was co-authored by GSA Fellow Lynn Feinberg, MSW, and GSA members Susan C. Reinhard and Rita Choula, BS. It highlights policy recommendations from an AARP Solutions Forum and summarizes 10 common themes from the work of 10 authors examining family caregiving today. These authors collectively call for a reexamination of policies and strategies to strengthen caregiving families. This paper can be accessed at www.aarp.org/relationships/caregiving/info-02-2012/Call-to-Action-What-Experts-Say-Needs-to-Be-Done-to-Meet-the-Challenges-of-Family-Caregiving-AARP-ppi-ltc.html.

Report Provides Comprehensive Look at LGBT Health and Aging
Caring and Aging with Pride, the first national federally-funded project to examine LGBT aging and health, has issued a new report, “The landmark national report, The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults.” It reveals significant health disparities impacting LGBT older adults as they age, including disability, physical and mental distress, victimization, and lack of access to supportive aging and health services. The report, based on a study of slightly more than 2,500 LGBT older adults from eleven community-based aging agencies across the country, sheds new light on the diversity and cumulative risks facing the aging LGBT population. Key findings were released last month at a congressional briefing. The full report can be found at caringandaging.org.

Continued from page 1 - GSA Joins Other Stakeholders To Seek Sarcopenia Solutions

PhD, Roger A. Fielding, PhD, Linda P. Fried, MD, MPH, Bret H. Goodpaster, PhD, Tamara B. Harris, MD, MS, Stephen Kritchevsky, PhD, Jay Magaziner, PhD, March Pahor, MD, and Stephanie Studenski, MD, MPH. GSA Executive Director James Appleby, RPh, MPH, will serve as the Society’s official representative to the coalition.

According to AIM, sarcopenia is responsible for an estimated $18 billion in annual health care expenses in the U.S. alone. The condition leaves older people vulnerable to falls and fractures, hospitalization, loss of mobility, frailty, institutionalization, and death.

AIM plans to focus on four key areas to achieve its goals:
• Organizing and leading collaborative activities and meetings with the FDA to create a clear regulatory path to therapeutic interventions
• Advancing consensus among clinicians and regulators on the measures and outcomes used to determine the efficacy of therapies specifically to treat sarcopenia and slow functional decline
• Mobilizing health care stakeholders to support acceptance and criteria for clinical use of the behavioral or pharmacologic interventions and to reimburse for treatment
• Increasing awareness of the potential for behavioral or pharmacologic interventions to improve physical function and quality of life for seniors.

All of AIM’s goals, objectives, members, and activities are online at www.aginginmotion.org. The next planned course of action for the coalition is to submit a letter of intent to the FDA to establish a drug development tool that can be used to evaluate the efficacy of therapies to treat sarcopenia and functional decline. Following its submission, AIM will assemble a working group to develop and provide the methodological work to support the letter’s proposed outcomes. The coalition also plans to work closely with the CMS to secure reimbursement channels for use of the drug development tool and future treatments that result from its qualification.
Philippines Explores Aging Institute Possibility
GMA News Online has reported that the Philippine government is considering the establishment of a Philippine Institute on Aging. This agency would be able to conduct research similar to that of the Tokyo Metropolitan Institute of Gerontology, which produces science and research-based findings that can help shape policies on social, legal, economic, and physiological issues facing the aging population in the country.

Canada’s Youth Urged To Consider Higher Retirement Savings
Toronto’s The Star recently reported on Canadian Human Resources Minister Diane Finley’s Ottawa speech to young people regarding changes to the Old Age Security program. She said this generation is faced with high unemployment rates, an unaffordable housing market, and a rocky economy, which can make retirement planning difficult. Recent research found that one-third of Canadians say they do not have a registered retirement savings plan; however it has been found that young Canadians (ages 25 to 34 years) tend to save more of their income relative to other groups and that they have a skeptical view towards pensions.

Netherlands Eliminates Barriers to Assisted Suicide
The Netherlands now has an end-of-life clinic and mobile service for those interested in assisted suicide and euthanasia, as reported by CNN.com. This clinic was founded by the advocacy group Right to Die NL. Although these services may be viewed as accessible to those seeking medical help to end their lives, the Dutch health ministry has reported that the majority of patient requests, approximately two-thirds, are denied. Under the Dutch definition, “euthanasia is when a doctor administers a lethal dose of a medication to end a patient’s life at the patient’s request. Assisted suicide is when the doctor acquires the deadly dose for the patient, who then administers it on him- or herself.” Although euthanasia is a criminal offense in the Netherlands, doctors are exempt from prosecution if they follow specific criteria set forth by the 2002 Dutch Termination of Life on Request and Assisted Suicide Act.

Singaporean Ministry of Health Focuses on Aging in Place
ChannelNewsAsia.com recently published an article addressing Singapore’s efforts to enable older adults to age in place. According to the Ministry of Health, Singapore plans to provide a comprehensive environment where accessible, affordable, and quality care are delivered to its older residents. The health minister, Gan Kim Yong, recently indicated that government will increase the number of nursing home beds by 58 percent by 2020 and that the Ministerial Committee on Aging will promote health screenings for seniors, follow-up screenings, senior volunteerism, and lifelong learning.

Older Australians Propose Affordable Housing Increase
The Courier Mail has reported that Australian’s older population will be using state elections to propose an overhaul to planning laws which can open billions of dollars of low cost housing for those aging in Queensland. The housing for older people would focus on developments that are close to medical and transportation hubs. The lobby group National Seniors are calling for an increase in both affordable housing and support for older workers.

Wales Services Stressed from Aging U.K. Transplants
Wales Online reported that Wales is experiencing funding pressures on its aging-related services due to the rapidly increasing number of older people coming into the country from elsewhere in the U.K. Migration figures indicate that since June 2011, 3,000 more people came into Wales than left it, with the majority of them coming from England. The trend of older people moving from England to Wales to retire is causing Wales to quickly adapt its system to address their public service needs.

Canadian Program Aims To Mitigate Mobility Loss During Hospital Stays
The Canadian Press has reported that two geriatricians are leading a project aimed at limiting the decline of function and mobility among the country’s seniors. The goal of their Move On (Mobilization of Vulnerable Elders in Ontario) initiative is to ensure that staff of busy hospital wards remain mindful of the critical “use-it-or-lose-it phase of life.” The program is meant to prevent any type of mobility loss that would enable an older person to be unable to perform their activities of daily living. Loss of these main functions could then lead to an increased length of a hospital stay, and therefore lead to increased risks of rehabilitation or long-term care needs. The Move On program involves members of the treatment team, family and volunteers, to make sure patients get out of bed every day. If walking is not a possibility at first, the patient can spend more time sitting in a chair, but the goal is to have the patient moving at least three times a day. This goal is built into the daily patient assessment tool. This program has been implemented at the hospitals of the lead investigators and additional funding has made it possible for academic hospitals in the area to begin using the program.

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S. Jay Olshansky, PhD

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