The Hartford/GSA National Center on Gerontological Social Work Excellence has chosen the Boston College and the University of Michigan as the locations of the first two Hartford Academic Centers of Excellence in Geriatric Social Work.

The National Center was established through a three-year, $1.35 million grant from the John A. Hartford Foundation to The Gerontological Society of America (GSA) in February 2013. GSA Fellow Barbara Berkman, DSW, PhD, chairs its National Advisory Board.

“No one has ever studied the aging brain into models of physical function represents an important expansion of conceptual and research paradigms to explain declining physical function, frailty, and the onset of physical disability. Potential paper topics include but are not limited to relationships between aspects of physical function (e.g., gait, movement speed, balance, and muscle strength) and white matter integrity, subclinical cerebrovascular disease, resting state networks, and neuro-cognitive tests. Manuscripts should be submitted by December 31. See www.geron.org/jgms for further details.

The Gerontologist Compiles International Spotlights
The Gerontologist’s International Spotlight section, which debuted in August 2011 and orient readers to the aging experience in other countries, now has a dedicated page on the journal’s website that offers links to every article published in the series. To access this content, GSA members should log in at www.geron.org/thegerontologist, click on the journal cover image, and then follow the International Spotlight link on the right side of the page.
Unleashing the Power of Age

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

“Life imitates Art far more than Art imitates Life,” said Oscar Wilde in his essay “The Decay of Lying.” I recently thought of this quote after spending a day with my favorite octogenarian — my mom — that combined a visit to the geriatrician with a screening of film showcasing the challenges that accompany aging.

We saw “Quartet,” directed by Dustin Hoffman, which depicts residents at a retirement home for musicians. It’s ironic that Hoffman, whom many baby boomers first got to know as a young man fresh out of college in “The Graduate,” is now showcasing this generation at the other end of the aging continuum.

And little did I suspect that as we approach Older Americans Month, whose theme tells us to “Unleash the Power of Age,” the film industry would demonstrate how it could be a potent partner in spreading the word about that theme. “Quartet” is just the latest in a string of movies that spotlight the capabilities and contributions of older adults. Last year saw the release of “The Best Exotic Marigold Hotel,” which featured a seasoned cast portraying retirees making productive lives for themselves in India. Two new documentaries, “Age of Champions” and “The Mayor,” showcase the athletic abilities and charisma of the senior population, respectively. (GSA members can keep tabs on other aging-focused releases in The Gerontologist, which launched an “On Film and Digital Media” section in August 2012.)

“Quartet” proved an interesting viewing choice for me and my mom. It was filled with stark and poignant reminders of the many ills seniors may face, including the pain of losing loved ones to Alzheimer’s disease.

My siblings and I are doing our best to support mom as she strives to live an independent life. As the health care professional in the crowd, I’m the one tapped to accompany her to the geriatrician’s office. I’m happy to report she had a positive check-up overall. She’s maintaining her weight, her blood pressure is good, and physical therapy has helped her maintain her mobility. Cataract surgery has improved her vision, and she’s also recently accepted the idea that hearing aids could enhance her daily life (though she still maintains she probably didn’t want to hear whatever she was missing before).

Unfortunately, there were no solutions for her diminished energy levels (her biggest concern), nor the ongoing short term memory challenges she faces. She can remember details of events from years ago but won’t remember a conversation she had an hour earlier. I know all of this is very familiar to the researchers, clinicians, and educators that comprise the GSA membership. You see these issues in your professional and likely personal lives as well, and I’m grateful for the work you do to confront such challenges. Thank you!

On the drive home, we talked about the movie a bit as I tried to press her to share more of her thoughts about aging and to see if she agreed with some of the ideas communicated in the film. It was partway through this discussion, when she clearly had no recollection of the scene I was asking her about, that I realized that life was now imitating art. Such a lack of recall had been painfully illustrated just an hour before in the movie.

I’m hopeful that as top Hollywood actors and directors mature into their senior years, we’ll see more honest and compelling stories about the experiences and potential of older adults — with art increasingly imitating life. And as we enter Older Americans Month, I ask you to join me in considering how gerontologists might inform the work of such artists, as well as how other untapped industries can help us unleash the power of age.
New Publications by Members


Members in the News

- GSA Fellow Elizabeth Dugan, PhD, was interviewed on NPR’s “Talk of the Nation” on October 15, 2012, about older driver fitness.
- GSA Fellows Karl A. Pillemer, PhD, and J. Jill Suitor, PhD, appeared in an October 20, 2012, article in The New York Times that focused on older mothers and favoritism among children. The story referenced a 2012 article they published in The Gerontologist, which showed that favoritism has consequences for older mothers’ well-being.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **Urrikka Woods-Scott**

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: **Katherine Freund, MA**

The recipient, who became eligible after referring new member Melissa Miller, BS, 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.

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Rubenstein Attends ACP Summit on GSA’s Behalf

GSA President Laurence Rubenstein, MD, MPH, FACP, served as the Society’s representative at the American College of Physicians (ACP) and Internal Medicine Subspecialty Society Leadership Summit held in November 2012 in Washington, DC. There were 64 leaders from 26 organizations that participated, including society presidents and presidents-elect, society executive leaders, deans, professors, practice directors, and noted educators and clinicians. The goal of the summit was to enhance the dialogue between ACP and other internal medicine subspecialty societies to improve collaboration and coordination of policy and advocacy in the field. Economic challenges of practice, medical education, quality measurement, and clinical care coordination issues were discussed.

Coleman Named MacArthur Fellow

Eric A. Coleman, MD, MPH, of the University of Colorado Denver, was named one of 23 2012 “genius” fellows by the MacArthur Foundation for his work addressing system-wide deficiencies in patient transitions from hospitals to homes and other sites of care, and improving the health outcomes of older adults suffering from chronic illness. The MacArthur Fellows Program awards unrestricted fellowships to individuals who have shown extraordinary originality and dedication in their creative pursuits and a marked capacity for self-direction. Coleman also was the 2009 recipient of GSA’s Maxwell A. Pollack Award for Productive Aging.

Rantz Admitted to IOM

GSA Fellow Marilyn Rantz, PhD, RN, FAAN, a professor in the University of Missouri Sinclair School of Nursing, has been admitted to the Institute of Medicine (IOM). Rantz, a Curators’ Professor, University Hospitals and Clinics Professor of Nursing and Helen E. Nahm Chair, has spent the last 30 years working with the aging population and conducting research to improve seniors’ quality of life. Election to the IOM recognizes individuals who have demonstrated outstanding professional achievement and commitment to service. New members are those who have made major contributions to the advancement of the medical sciences, health care and public health. The IOM is unique in its structure as both an honorific membership organization and an advisory organization. With their election, members make a commitment to volunteer their service on IOM committees, boards and other activities. Rantz was instrumental in developing TigerPlace, an independent living facility by Americare and the MU SSON using the Aging in Place model.

Kansas State University Honors Doll, Kaup

Gayle Doll, PhD, and Migette Kaup, MS, have received the 2012 Dean Barbara S. Stowe Endowed Faculty Development Award from the Kansas State University College of Human Ecology for their project to evaluate person-centered care in Kansas nursing homes. The award supports outstanding faculty in the college in their pursuit of professional growth in advancement of the college mission. Doll and Kaup both conduct research on culture change in nursing homes. Doll, the director of Kansas State University’s Center on Aging and an assistant professor in the College of Human Ecology’s School of Family Studies and Human Services, assesses long-term care organization and leads them through the culture change. Kaup, an associate professor in the college’s Department of Apparel, Textiles and Interior Design, specializes in the connections between aging and the built environment. She evaluates the environment in care facilities to determine how staff function and residents interact.
Commission on Long-Term Care: Opportunity or Consolation Prize?

It's been nearly a quarter of a century since the U.S. Bipartisan Commission on Comprehensive Health Care (known as the “Pepper Commission”) was given the task of recommending a national course of action on long-term care. Senator John D. Rockefeller (D-WV) chaired the Pepper Commission and he pushed for the creation of a new national Commission on Long-Term Care within the American Taxpayer Relief Act (informally known as the fiscal cliff bill). But that legislation also repealed the Community Living Assistance Services and Supports (CLASS) provision of 2010’s Patient Protection and Affordable Care Act. CLASS aimed to create a voluntary, federal long-term care insurance option.

I discussed this turn of events with four respected colleagues who have unique perspectives on the issue of long-term care: GSA Social Research, Policy and Practice Section Chair Larry Polivka, PhD, executive director of the Claude Pepper Center at Florida State University; GSA member Jim Firman, EdD, president and CEO of the National Council on Aging; Gail MacInnes, MSW, national policy analyst at the Paraprofessional Healthcare Institute in Washington, DC; and Robert Blancato, MPA, president of Martz, Blancato, & Associates, a Washington, DC-based firm that integrates public relations, government affairs, and advocacy services on aging and health issues.

Background

The Commission on Long-Term Care is to develop a “plan for the establishment, implementation, and financing of a comprehensive, coordinated, and high-quality system that ensures the availability of long-term services and supports” for older Americans and individuals with disabilities. Within six months of appointing the members, the commission must vote on a long-term care proposal to bring to the nation. The commission consists of fifteen members appointed by congressional leaders and the president, resulting in nine Democratic appointments and six Republican appointments.

Appointed by President Barack Obama: Henry Claypool, executive vice president of the American Association of People with Disabilities, and former HHS official; Carol Raphael, MPA, vice chair of the AARP Board of Directors, and former president and CEO of Visiting Nurse Service of New York; and Julian Harris, MD, the Massachusetts Medicaid director and a physician.

Appointed by House Speaker John Boehner (R-OH): Judith Brachman, MCRP, former director of the Ohio Department of Aging; Stephen Guillard, MPA, president of the Belmont Nursing Corp., executive vice president and COO of HCR ManorCare, and recent chair of the Alliance for Quality Nursing Home Care; and Grace-Marie Turner, president and founder of the Galen Institute.

Appointed by Senate Majority Leader Harry Reid (D-NV): Javid Anwar, MD, internal medicine physician; Laphonza Butler, President of SEIU United Long-Term Care Workers union; Judith Feder, PhD, professor of public policy and former dean of the Public Policy Institute at Georgetown University, and staff director of the Pepper Commission.

Appointed by Senate Minority Leader Mitch McConnell (R-KY): Bruce Greenstein, MS, health secretary of Louisiana; Neil Pruitt, MBA, MHA, chairman and CEO of UHS-Pruitt Corporation and chairman of the American Health Care Association; and Mark Warshawsky, PhD, former assistant secretary for economic policy at the U.S. Treasury Department.

Repeal of CLASS

There was general agreement that the repeal of CLASS was disappointing. Firman said he believes that CLASS became “the focal point for Republican anger against the Affordable Care Act.” All interviewees believed that CLASS was a step in the right direction, albeit imperfect. “One of the criticisms of CLASS is that it wasn’t universal — we need a larger risk pool,” assessed MacInnes.

“The long-term care insurance market is failing to address the societal need,” said Firman. Right now, “we don’t have a rational national policy. Medicaid, with its institutional bias, typically forces people who were living in their own homes to become impoverished and to enter a nursing home, where the government ends up paying more money for their room and board than it does for services.”

Polivka mused, “It’s almost as if aging is less of a priority now than it was 25 years ago, and the boomer population is here and we have less discussion and focus now than we did before.”

What Direction Should the Commission Take?

Both Firman and MacInnes said that the expectations for the commission need to be high, given the magnitude of the problem.

“Defining the problem alone is not enough,” said MacInnes. “I don’t think that establishing a long-term care commission is in any way an adequate or appropriate substitute for ending the CLASS Act,” said Polivka. “However, I do think that we need to take as much advantage of the commission as possible.”

Blancato’s take was a little more positive: “The caliber of appointments is cause for optimism both in terms of representing
the various constituencies spelled out in the law and for individual merit.”

Polivka and MacInnes said they believe that the commission has an opportunity to provide a comprehensive view of the current state of long-term care today. With the true researcher’s approach, Polivka advocates crunching available data, projecting the demographic and economic trends, “then come up with some comparative policy options that is, this is the demand, this is the need, what are the best policy options, such as public-private joint initiatives, then do cost-effectiveness analyses of the policy options.”

MacInnes said she also thinks that data is key. “The commission could recommend strategies for gathering better data on the direct-care workforce. But it will be hard for the commission to reach consensus on such complex long-term care issues in such a short period of time.”

Firman pointed out that the Leadership Council of Aging Organizations and the Consortium for Citizens with Disabilities have agreed on a set of long-term supports and services principles that have been endorsed by more than 100 groups. “I think that the commission should start there. I also hope that the commission will operate in an open and transparent manner and will actively consult with aging and disability groups.”

Blancato went farther, saying that “it is the inherent responsibility of advocates from all communities who would benefit from a national long-term care policy to participate whenever possible with this new commission.” He also suggested that the commission start with the Pepper Commission report as a blueprint and update it for the 21st century.

Blancato said that, realistically, what we can expect from the commission is “incremental progress.” He added, “Seeking common policy and political ground on the essentials of what should be in a national long-term care policy would be an important product.”

Some of the essentials suggested during the interviews were care coordination, family supports, volunteer programs like senior companions, and a stricter federal oversight role. “Developing a better approach to advanced care is essential to any sort of responsible improvements to Medicare and Medicaid,” asserted Firman.

Another essential aspect of a national long-term care policy is strengthening the direct care workforce. Right now, there are no minimum training standards for personal care attendants, which underpin the provision of long-term services and supports. MacInnes pointed out, “Reducing turnover within the direct-care workforce and capitalizing on opportunities for direct-care workers to play more advanced roles would help the long-term care system be more efficient.”

Polivka said he would like to see the commission acknowledge the non-profit aging network and growth of the home and community based services industry in providing long-term care. “The biggest change since the Pepper Commission has been the substantial development of the home- and community-based care infrastructure, the vast majority of which has occurred in the private nonprofitaging network.”

He added, “Now what you are seeing is the move toward managed long-term care, shifting the focus from the aging network to proprietary HMOs, which I think needs more analysis and discussion.”

Public-Private Approach to LTC

“We already have a public-private approach to long-term care. It’s called family caregivers; they are private and unpaid,” MacInnes pointed out with no lack of irony. A family caregiver tax credit might be the other half of the partnership.

Blancato suggested extending budget rules to allow a longer time frame to recoup savings might be one approach. “Earlier legislation proposed to provide a deduction for qualified long-term care insurance policies and a family caregiver tax credit was doomed in part because you could not achieve the necessary savings to Medicare and Medicaid within the ten-year budget window.”

“I have long supported a public-private partnership for long-term care,” said Polivka, “with long-term care insurance being maybe 20 percent of the solution.”

Firman asked, not rhetorically, “How do we make the best use of all available resources including public programs, private resources, family caregiving and the time of older adults themselves? The conversation shouldn’t just be about the right mix of government and private insurance.”

What Should the Commission’s Recommendations Be?

Polivka said he would like to see the commission recommend home- and community-based care benefits as a Medicare benefit with substantial beneficiary cost-sharing. “Private insurance and the fiscal capacity of the states — it’s just not on the horizon.”

However, Firman said he felt strongly that expanding Medicare is not the way to go. “If people need help with [IADLs], the most cost-effective way to do it is to supplement their income, which is the way that most European countries and private insurers in the U.S. are going. Medicare and Medicaid are essentially medical insurance programs, but the unmet need is for non-medical supports.”

MacInnes ventured that an ongoing commission might be appropriate to continue this effort. Six months is too short a period of time to achieve consensus and produce a meaningful solution.

Blancato provided a quick and dirty list of what he would like to see the commission recommend: a meaningful family caregiver tax credit; tax code incentives to encourage individuals and employers to plan for long-term care; rebalance federal dollars into home- and community-based care at the national and state level; mandate that all long-term care policies sold cover care coordination services; appoint an official within the Department of Health and Human Services to be equivalent to an inspector general to ensure consumers are protected when purchasing long-term care products.

Firman said he thinks a realistic outcome would be for the commission to “Identify a series of relatively modest proposals (nothing as big as CLASS), such as public-private insurance and savings strategies, expansion of senior companion programs, more equitable use of home equity and reverse mortgages, creation of pathways for citizenship for homecare workers and other more modest changes that put together could make a significant impact.”

No matter how one feels about the Commission on Long-Term Care, MacInnes said it best, “We cannot wait another 25 years before we look at this issue again.”
New Officer Candidates Unveiled

Ballots for the election of GSA’s next officers were sent by e-mail to all members on April 1. Reminders will be sent again prior to the voting deadline of May 15. Please make sure GSA has your correct address on file by checking your member profile at www.geron.org. If you did not receive your online ballot or wish to receive a paper ballot, please contact geron@geron.org.

GSA President
Rita B. Effros, PhD
Caleb E. Finch, PhD

GSA Treasurer
Donna Z. Bliss, PhD, RN, FAAN
Suzanne R. Kunkel, PhD

Behavioral and Social Sciences (BSS) Section Chair
Jacqueline L. Angel, PhD
Dale Dannefer, PhD

BSS Section Member-At-Large (three positions)
Susan Turk Charles, PhD
Teresa M. Cooney, PhD
Eileen M. Crimmins, PhD
Pamela Herd, PhD
Jessica A. Kelley-Moore, PhD
Karen Rook, PhD

Biological Sciences Section Chair
Rochelle Buffenstein, PhD
Kelvin J. A. Davies, PhD, DSc

Health Sciences Section Chair
Meg Bourbonniere, PhD, RN
Kathleen Krichbaum, PhD, RN

Social Research, Policy, and Practice Section Chair
Barbara Berkman, DSW/PhD, LICSW
Sheryl Zimmerman, PhD

Emerging Scholar and Professional Organization (ESPO) Chair
Elizabeth A. Hahn, PhD
Tara McMullen, MPH

ESPO Secretary
Jessica P. Lendon, PhD
Kelly M. Smith, BA

ESPO Communications Chair
Erin Kitt-Lewis, RN, MS
Shannon Mejia, MS

Continued from page 1 - GSA Presidential Candidates Issue Statements

Effros Continued

I am keenly aware of the importance of interdisciplinary research, and of communicating information to the broader gerontology community.

I have made a long-term commitment to serve GSA in leadership roles such as Biological Sciences Section Chair and Council/Executive Committee member, because I believe in its unique mission of uniting diverse disciplines to create a vibrant and collegial professional organization focused on aging.

GSA’s model inspires my work as a professor and researcher at UCLA, where I co-direct a unique freshman year-long interdisciplinary course on aging (“Frontiers of Human Aging: Biomedical, Psychosocial and Policy Perspectives”), serve on the Executive Committee for the gerontology minor, and participate in international research teams that investigate the impact of aging on HIV disease.

As president, I hope to continue to advance GSA’s research and education goals, and to further enhance its leadership role, both nationally and internationally.

Rita B. Effros, PhD, is a professor of pathology and laboratory medicine at UCLA’s David Geffen School of Medicine. She also serves as the co-director of the Aging and HIV Program Area of the UCLA AIDS Institute. She held the Plott Endowed Chair in Gerontology from 2001 to 2006.

Finch Continued

If elected, I intend to further promote this uniqueness of GSA meetings in their disciplinary breadth and in the openness of members to extend beyond immediate disciplines. I will closely consult with the incoming GSA section chairs to develop additional connections between sections in their agendas for the annual program. The presidential symposia will emphasize lifetime developmental approaches to the outcomes in aging in a changing global environment, including consequences of global warming for the elderly that are not widely recognized.

Caleb E. Finch, PhD, is the ARCO/Kieschnick Professor in the Davis School of Gerontology and a University Professor of Gerontology and Biological Sciences at the University of Southern California, with adjunct appointments in the Departments of Anthropology, Molecular Biology, Neurobiology, Psychology, Physiology, and Neurology.

The full biographical sketches of these candidates, as well as the biographical sketches and personal statements from other candidates running for GSA office, can be viewed online at www.geron.org/images/GSA2013candidates.pdf. More information about the voting process can be found at the top of this page.
Where Do I Belong?  
An Existential Question About GSA Section Affiliation

Thanks are given to Tonya Roberts, PhD, RN, for her contributions to this installment of ESPO News.

When initiating or renewing GSA membership, did you pause to think twice about which GSA section to register for? If so, please read on. Below you will find information about the scope of each of GSA's four sections, a testimonial from an ESPO representative to each section about their rationale for choosing the section that they did, and an overall summary of what Section affiliation offers.

Behavioral and Social Sciences (BSS) Section
**Scope:** This section concerns itself with social and behavioral factors in aging, for example, the influence of elders' coping skills, relationships, and programs on their well-being. BSS has an interdisciplinary emphasis with membership amongst a variety of social scientists and clinicians, amongst others.

**Why I joined BSS – Ben Capistrant, ScD:** My research interests — social determinants of health in older age — could fit in a few different GSA sections. I chose to join BSS because its scope and breadth was inclusive of this interdisciplinarity. I found the range of BSS members' backgrounds and home disciplines very exciting, and I saw the diversity of the BSS membership reflected in a wide array of engaging session topics at the annual meeting that were relevant for me and my work.

Biological Sciences (BS) Section
**Scope:** This section studies the fundamental biological factors (i.e., at the level of cells, molecules, organisms) in aging and related interventions. Basic science biologists are involved, as well as clinical researchers, as the section maintains an interest in translational science.

**Why I joined BS – Marlene Starr, PhD:** I chose to become a member of the Biological Sciences Section because it is a very unique and close-knit basic science-oriented community within GSA. This section provides ample opportunity for emerging scholars to become acquainted with leaders in the field of the basic biology of aging as well as branch out into the multidisciplinary realm that makes the GSA an outstanding organization.

Health Sciences (HS) Section
**Scope:** This section focuses on research, education, and practice of clinical issues in aging, especially related to the assessment and management of aging-related disease or impairment. Members include such professionals as physicians, pharmacists, therapists, nurses, social workers, and allied health professionals.

**Why I joined HS – Rachel Roiland PhD, RN:** I joined the Health Sciences Section in order to maximize my exposure to health professionals conducting research on clinically relevant topics. The multi-disciplinary nature of the section allows me to network with researchers from a variety of backgrounds (e.g., nursing, medicine, occupational therapy, etc) and gain a new perspective on clinical research problems. Most importantly, the HS Section provides a forum for fostering relationships that may, one day, turn into fruitful multi-disciplinary collaborations.

Social Research, Policy, and Practice (SRPP) Section
**Scope:** With an applied focus, SRPP dedicates itself to issues surrounding research, policy, care delivery and programming for elders and their families. SRPP embodies a cadre of professionals who conduct practice-oriented and policy-focused research, make policy, teach, and/or practice in the realm of gerontology.

**Why I joined SRPP – Tonya Roberts PhD, RN:** I became a part of the SRPP Section while pursuing a PhD in nursing. My decision to join was influenced by my mentor's long history with the section and the close match between my research interests and the goals of the section. I also hoped my membership would increase my exposure to researchers with similar interests and broaden my network. While many of my nursing colleagues join the Health Sciences section, I felt that SRPP was a better fit for me because my work emphasizes nursing home care delivery and related policy rather than specific clinical issues.

The bottom line is: you cannot go wrong at the decision point where you register for a section. All of the sections offer many benefits. Each offers awards for ESPO members that can be found on GSA’s website at www.geron.org/Membership/Awards. Some sections also offer travel awards to the Annual Scientific Meeting assigned by lottery. All sections also provide presentation opportunities for ESPO members via the mechanism of section-specific symposia that are co-sponsored by ESPO. For each section there is a chance for ESPO members to be a reviewer for Annual Scientific Meeting abstracts and for ESPO member scholastic award assignments. Some sections also offer mentoring services catered to ESPO members.

Furthermore, you are welcome to attend sessions sponsored by sections other than the one with which you affiliate. It is also your prerogative to change affiliation over the course of your career as your interests evolve. To wrap up, please remember that you can sign up for whichever section most suits your professional needs and interests. There is no requirement that you belong to the same section as your mentor, research team members, etc. The choice is yours!
**NEW MEMBER BENEFIT** • GSA members now receive a **22% discount** on an annual subscription to MedInfoNow’s valuable literature update service, delivering subscribers personalized updates of the most authoritative databases of journal articles (Medline®) and print and electronic books (Doody’s Review Service™).

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Sign up at [geron.org/medinfonow](http://geron.org/medinfonow).
AGHE Honors Distinguished Individuals

The Association for Gerontology in Higher Education (AGHE) recognized its newest elected officers, fellows, and awardees at its recent 39th Annual Meeting and Educational Leadership Conference in St. Petersburg, FL. This successful four-day event, which welcomed approximately 400 attendees, took place February 28 to March 3 and 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 “Waves of Change: Charting the Course for Gerontology and Geriatrics Education.”

The next AGHE meeting will take place in Denver from February 27 to March 2, 2014. The abstract submission period is expected to open in early May; stay tuned to www.aghe.org for details.

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

President-Elect
Donna Wagner, PhD, New Mexico State University

Treasurer
Leland “Bert” Waters, PhD, Virginia Commonwealth University

Members-at-Large
Jenny Mendez, PhD, Wayne State University
Pamela Elfenbein, PhD, Gainesville State College

Fellows
AGHE fellow status is an honor that recognizes outstanding leadership in gerontology and geriatrics education by established scholars and educators.

Mary Cadogan, DrPH, RN, CGNP, University of California, Los Angeles
Gayle Doll, PhD, Kansas State University
Karen F. Koper-Frye, PhD, University of Louisiana at Monroe
Sandra L. McGuire, EdD, RN, GNP, Lincoln Memorial University
Margaret B. Neal, PhD, Portland State University
Cheryl Osborne, EdD, MSN, California State University, Sacramento

Awardees
Clark Tibbits Award
Presented to Marie A. Bernard, MD, National Institute on Aging
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 Lesa Lorenzen Huber, PhD, Indiana University
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.

Mildred M. Seltzer Distinguished Service Recognition
Presented to Alton Dubois, PhD, Concordia University Chicago
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.

David A. Peterson Gerontology & Geriatrics Education Best Paper of the Volume Award
Presented to Leslie Morgan, University of Maryland, Baltimore County, for “Paradigms in the Gerontology Classroom: Connections and Challenges to Learning”
Honorable mention is given to Anabel Pelham, PhD, San Francisco State University, Donna Schafer, PhD, National Association of Professional Gerontologists; Pauline Abbott, EdD, California State University, Fullerton, and Carroll Estes, PhD, University of California, San Francisco, for “Professionalizing Gerontology: Why AGHE Must Accredit Gerontology Programs”
The purpose of this award is to recognize excellence in scholarship in academic gerontology in AGHE’s official journal, Gerontology & Geriatrics Education.

Administrative Leadership Award
Presented to Judy L. Genshaft, PhD, University of South Florida
This award honors administrators on AGHE member campuses who have made exceptional efforts in support of gerontology or geriatrics education.

Graduate Student Paper Award
Presented to Kristen E. Porter, MS, University of Massachusetts Boston, for “LGBT Aging Trainings Effectuate Positive Change in Mainstream Elder Service Providers?”
Honorable mention is given to Colleen R. Bennett, MS, University of Maryland, Baltimore County, for “What’s ‘Glee’ Got To Do With It? Lesbians’ Future Care Concerns and Popular Media”
This award acknowledges excellence in scholarly work conducted by an AGHE Annual Meeting student attendee.

Part-Time Faculty Recognition
Presented to David B. Oliver, PhD, University of Missouri–Columbia
This award formally recognizes the contributions of part-time and/or adjunct faculty for their contributions to gerontological education at an AGHE member institution.
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The quarterly Public Policy & Aging Report® explores policy issues generated by the aging of American society. Edited by Boston University policy expert Robert B. Hudson, PhD, each thematic issue is designed to stimulate debate, highlight emerging concerns, and propose alternative policy options.

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Census Report Provides Centenarian Stats
The 2010 Census counted 53,364 people age 100 and older in the U.S., and they were overwhelmingly female. For every 100 centenarian women, there were only 20.7 centenarian men. These figures come from a special report released in December 2012 based on the 2010 Census, which provides a portrait of the centenarian population in the U.S. based on age, sex, race, Hispanic origin, and living arrangement characteristics. “Centenarians: 2010” also compares centenarians with other age groups in the older population. According to the report, the population 100 and older made up a small proportion of the total U.S. population, representing less than two per 10,000 people. Centenarians represented 19 per 10,000 people who were 70 and older. More than half (62.5 percent) of centenarians were age 100 or 101 while roughly 92 percent were ages 100 to 104. Supercentenarians, who are those ages 110 and older, represented 0.6 percent of the centenarian population. Visit www.census.gov/prod/cen2010/reports/c2010sr-03.pdf to read the full report.

AFA Addresses National Alzheimer’s Plan
The Alzheimer’s Foundation of America (AFA) released a report, “Time To Build,” which includes more than three dozen recommendations to build upon the current goals of The U.S. Department of Health and Human Services’ first “National Plan to Address Alzheimer’s Disease” released in May 2012. The plan’s overarching initial goals call for preventing and effectively treating Alzheimer’s disease support for people with Alzheimer’s disease and their families. “Time To Build” measures the national plan’s progress to date as well as offers additional recommendations related to its three areas of focus: research, clinical care and long-term services and supports. AFA calls on the federal government to strengthen efforts to build a high-quality dementia care workforce by offering federal student loan forgiveness for professionals in geriatrics and gerontology, establishing a 24-hour call center for dementia healthcare professionals, and requiring licensure and/or accreditation of facilities that care for people with dementia, among additional suggestions. Housing, diagnosis efforts, research recruitment and studies are also addressed. The “Time to Build” report is posted at www.alzfdn.org/Publications/TimeToBuild_final.pdf.

Hartford Foundation Report Reveals Mental Health Treatment Findings
Large majorities of older Americans with depression, anxiety, or other mental health disorders are receiving treatment that does not meet evidence-based standards, and many do not know that depression can put their health at increased risk, according to a national survey, “Silver and Blue: The Unfinished Business of Mental Health Care for Older Adults,” released in December 2012 by the John A. Hartford Foundation. The survey focused on 1,318 Americans age 65 and older. Key findings include: 46 percent of people currently receiving treatment said their provider did not follow up with them within a few weeks of starting treatment to see how they were doing, which is reported to be a critical component of effective care; among all respondents, very few understood the health risks of depression, with one out of five knowing that depression is believed to double an individual’s risk of developing dementia and one in three knowing it can double the risk of heart disease. The report indicates that depression is a common and serious medical condition second only to heart disease in causing disability as well as harm to people’s health and quality of life. Mental health problems affect nearly one in five older adults, according to the Institute of Medicine. Depression is not a natural part of the aging process, but almost one in three people surveyed believed it was. For a complete list of findings, including care preferences, shortcomings in care, reasons for stopping treatment, stigma, and misconceptions, visit www.jhartfound.org/learning-center/?p=371.

The Gerontology Institute at the University of Massachusetts Boston, in collaboration with Wider Opportunities for Women, has developed a new tool to measure the income that older adults require to maintain their independence in the community and meet their daily costs of living. Using the National Elder Economic Security Standard Index, researchers found that, in every state and every county, elders who live at the federal poverty level or who are totally dependent on the average Social Security benefit of 2011, need housing and health care supports to cover their expenses. Developed by a team of faculty and research staff led by GSA Fellow Jan Mutchnick, PhD, the elder index measures what it costs to live modestly in the community. It is geographically-specific, enabling policymakers, older adults, family caregivers, service providers, aging advocates, and the public at large to compare costs to income to determine where gaps exist. This elder index benchmarks basic cost-of-living for elder households and illustrates how cost-of-living varies geographically and are based on the characteristics of elder households, including household size, ownership or renter status, and health status. The costs are based on market costs for basic needs of elder households and do not assume any public supports beyond Medicare. According to GSA Fellow Ellen Bruce, PhD, director of the Gerontology Institute and a lead author of a report on the index, “Economic well-being is based not only on income but also required expenses. The elder index allows us to measure the gap between income and expenses. Individuals, policymakers, and service providers can use this tool to evaluate the need for personal savings and government supports such as food assistance, energy assistance, subsidized housing, or property tax help.” The report is available at scholarworks.umb.edu/gerontologyinstitute_pubs/75/.
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NIA Seeks Applications for ADRCs
The National Institute on Aging (NIA) invites applications from qualified institutions for support of Alzheimer’s Disease Research Centers (ADRCs). These centers are designed to support and conduct research on Alzheimer’s disease (AD), to serve as shared research resources that will facilitate research in AD and related disorders, distinguish them from the processes of normal brain aging and mild cognitive impairment, provide a platform for training, collect biospecimens useful for clinical research, develop novel techniques and methodologies, and translate these research findings into better diagnostic, prevention, treatment and care strategies. Applications are due by May 10. Visit grants.nih.gov/grants/guide/rfa-files/RFA-AG-13-019.html for details.

NIA Offers Funding for Research on Differences in Health, Longevity at Older Ages
The National Institute on Aging (NIA) is welcoming applications from institutions/organizations proposing to advance knowledge on the reasons behind the divergent trends that have been observed in health and longevity at older ages, both across industrialized nations and across geographical areas in the U.S. This funding opportunity announcement is also intended to capitalize on NIA’s investment in the development of cross-nationally comparable datasets that can be harnessed to study research questions related to this topic. These include the Health and Retirement Study; the English Longitudinal Study on Ageing; the Survey of Health, Ageing and Retirement in Europe; and the Human Mortality Data Base. Applications proposing secondary analysis, new data collection, calibration of measures across studies, development of innovative survey measures, and linkages to administrative sources are encouraged. Applications are not restricted to projects using the NIA-supported datasets above and may propose research using any relevant data. The application due date is May 15. Additional details can be found at grants.nih.gov/grants/guide/pa-files/PA-13-125.html.

CMS Seeks Applications to Test Innovative Payment and Service Delivery Models
Under the Centers for Medicare and Medicaid Services (CMS), the Center for Medicare & Medicaid Innovation is authorized to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and the Children’s Health Insurance Program while preserving or enhancing the quality of care furnished to individuals under such programs. In July 2011, CMS released a letter to state Medicaid directors that discussed two models for integrating care and aligning financial incentives for Medicare and Medicaid as part of CMS’ Financial Alignment Initiative, under which states and CMS will collaborate to integrate care and financing for Medicare-Medicaid individuals (dual-eligibles). CMS has issued a funding opportunity that will give financial assistance to State Health Insurance Assistance Programs and/or Aging and Disability Resource Centers to provide options counseling to dual eligibles to ensure that these individuals have access to an unbiased and consumer friendly source of information and counseling to help them make informed decisions about options they have for receiving their Medicare and Medicaid benefits. Further details can be found at www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=15676. The next due date is June 6.

NIH Grant Focuses on Pain, Aging
Several agencies within the National Institutes of Health are soliciting small grant (R03) applications from institutions/organizations that propose to study pain from an aging perspective, including studies of older populations, studies of age differences and age-related changes in pain processes and experiences, and studies of pain treatment and management in older adults. Studies are encouraged that focus on mechanisms and predictors of pain experience in aging; the development and evaluation of pain assessment tools for older adults or older model organisms; and development and evaluation of pain management strategies in older adults, with particular attention to the challenges associated with treating pain in patients with multiple morbidities. Studies may address a variety of approaches and outcomes including biological (i.e., genetic, molecular, neurobiological), clinical, behavioral, psychological, and social factors. Both animal models (especially aged animals) and human subjects are appropriate for this grant. The next submission due date is June 16. Visit grants.nih.gov/grants/guide/PA-13-060.html for more information.

NIH Career Enhancement Awards Target Behavioral, Social Scientists
The National Institutes of Health (NIH) Research Career Development Program exists to help ensure that a diverse pool of highly trained scientists is available in appropriate scientific disciplines to address the nation’s biomedical, behavioral, and clinical research needs. A funding opportunity issued by the NIH Basic Behavioral & Social Science Opportunity Network invites applications for short-term mentored career enhancement awards in basic behavioral and social sciences research (b-BSSR). Basic research using any non-human species or with human subjects in laboratory- or field-based settings is appropriate. Eligible candidates will be either scientists conducting b-BSSR in animal models who seek training in the study of similar or related behavioral or social processes in humans, or investigators conducting b-BSSR in human subjects who seek training in the study of similar or related processes in animal models. Candidates may be at any rank or level of research/academic development beyond three years of postdoctoral experience. Submissions are due November 11. Further information may be obtained at grants.nih.gov/grants/guide/rfa-files/RFA-DA-14-002.html.
The University of Medicine and Dentistry of New Jersey – School of Health Related Professions, Department of Interdisciplinary Studies is seeking a full-time, tenure track, assistant professor level faculty, and adjunct faculty to teach in the department's online programs.

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Many Canadians Plan to Work During Retirement

A recent study by the Bank of Montreal has reported that 81 percent of the 1,000 Canadians aged 18 years and over surveyed plan on doing some kind of work in their retirement years. A Globe and Mail article published on January 29 explained that the Canadian federal government will begin shifting the age of eligibility for old age security and guaranteed income supplement payments from the age 65 to 67 years of age in the year 2023. Respondents also reported that they would work in order to “stay sharp” and as a hobby. The survey revealed that 40 percent reported that they were likely to begin their own business during their retirement. Nearly half of respondents indicated that they would use some of their retirement savings to fund their business.

Britain Encourages Older Adults to Return to the Classroom

Following a recent U.K. government report that indicated the country’s future economic success depended on the skills and contributions of older workers, the country’s higher education minister suggested that older workers who continue their education to maintain current skills will be more likely to remain in the workforce. In order to assist with this effort, the age limit on student loans to include tuition coverage has been lifted. One in four Britons will be older than 65 by 2033 and there is concern that the aging population will place a large amount of burden on taxpayers, unless more people work for longer amounts of time. However, advocates for older adults had some reservations that those reaching pension age would be able and willing to enroll and commit to challenging degree coursework and increased amounts of debt in order to continue working. The state pension age is to rise to 67 by 2028, and ministers have warned that they are unsure of future pension ages. The article indicates that default retirement ages have been eliminated, and employers are being encouraged by ministers to provide more flexible hours. The impact of the aging population on public services is currently an issue the House of Lords committee is evaluating.

Myanmar Prepares Care Options for Aging Population

As Myanmar’s aging population continues to grow, the minister for social welfare, relief, and resettlement reported that the government is planning to open training centers for caregivers of older adults, according to Eleven Media on February 21. It was reported that approximately 10 percent of the population in Myanmar is at least 60 years of age, and that the number of those aged 80 and above is also rising. According to this article, Myanmar is seeing longer life expectancy as a result of the reduction in infant mortality and communicable disease. Therefore, it is necessary to prepare for the growing older adult population by making services available to them. However, Myanmar still has one of the lowest life expectancy rates in the region, according to the Asia Development Bank. The government has said that its health-sector reforms could lead to an increase in life expectancy to between 71 and 75 years in 2021. Myanmar’s traditional way of caring for older people, with one child living with the parents until death, may face a challenge due to the increase in life expectancy and decrease in the family size. Additional public services will be required to care for their aging citizens.

Foundation and GSA, extend our partnerships and collaborations with organizations serving older adults in our geographic region, and develop new training models for social work intervention. We look forward to working with our partner organizations in the field who are providing and extending services to older adults.”

Each center is expected to provide leadership for social work educators; build bridges to local health professionals, such as those employed by Area Agencies on Aging; form regional consortia of social work field agencies serving older adults and their families, designed to address gaps in education and training on aging among these local agencies; engage in inter-professional collaborations with other departments of the university, with other professional groups within the region, and with Hartford Centers of Excellence in medicine and nursing; providing mentoring to Hartford-funded researchers based at the U.S. Veterans Administration; create and evaluate training models that translate new knowledge into practice and policy; and seek additional support to sustain the Social Work Centers.

“Being named a Hartford Academic Center of Excellence demonstrates our continued commitment to social work with older adults and their families,” said Alberto Godenzi, PhD, dean of the Graduate School of Social Work at Boston College. “The Hartford Center at Boston College will provide new opportunities for the Graduate School of Social Work to share our expertise and engage the practice community.”

The grant that established the National Center was designed to build upon the successes of the Hartford Geriatric Social Work Initiative (HGSWI), which has been coordinated by GSA since 1999 and has supported over 200 doctoral fellows and faculty scholars who are helping to build a workforce of social workers trained and educated in geriatrics.

In addition to founding the five Hartford Academic Centers of Excellence in Geriatric Social Work, the National Center will collaborate with the VA to develop social work research leaders to help advance evidence-based knowledge related to VA practice in aging; mobilize of the current HGSWI Alumni Network by using their expertise to impact practice and policy; and seek funding from a variety of sources to support and expand its objectives and functions, as well as ensure its sustainability.