The John D. and Catherine T. MacArthur Foundation has created a new interdisciplinary research network designed to help America prepare for the challenges and opportunities posed by an aging society. The official launch took place at GSA’s recent 61st Annual Scientific Meeting.

The MacArthur Foundation Research Network on an Aging Society, supported by a three-year, $3.9 million MacArthur grant, will be chaired by former GSA President John Rowe, MD, who is also a professor at the Columbia University Mailman School of Public Health.

“Much prior work in this area has focused on the economic implications of the looming demographic transition, including the increasing burden of entitlements,” said Rowe. “The new Network will supplement these efforts by exploring the substantial opportunities that may be derived by harnessing the wisdom and energy of the elderly in new organizations and arrangements that provide them with meaningful roles and yield economic, social, behavioral, and health benefits for them and other generations.”

Early next year, the Network will present new U.S. population and mortality projections based on emerging evidence and will compare these to current government forecasts. The projections will forecast mortality under scenarios that take account of advances in bio-gerontology with its life-extending potential and the effects of unhealthy life conditions. Such projections have major implications for the development of social, economic, and health policy.

“GSA is honored that the Network chose to hold its official launch event at our conference,” said outgoing GSA President Lisa Gwyther, MSW. “I have no doubt that the MacArthur Foundation’s focus in this area will challenge us to re-think and re-imagine what our concept of an aging society might be.”

Continued on page 2

Student Attendees Share Director’s Legacy

After being created one year ago, the endowment named in honor of former GSA Executive Director Carol A. Schutz allowed five students from the Society’s Emerging Scholar and Professional Organization (ESPO) to attend this year’s Annual Scientific Meeting.

One representative from each of GSA’s four sections and one undergraduate student were the first to receive $400 travel grants from the Carol A. Schutz ESPO Fund.

“ESPO is extremely grateful for the creation of this fund,” said Sarah Ruiz Ramon, PhD, ESPO’s immediate past chair. “It is a vital resource for young scholars so that they may attend the annual meeting to make important professional connections. The development of ESPO members is crucial for the future growth of GSA and we feel excited to continue to offer this valuable fund to future cohorts of gerontologists.”

To recognize Schutz’s long-standing dedication to the Society’s student members, the GSA Council established the fund in her honor at the 2007 Annual Scientific Meeting. Since that time, it has received over $25,000 in contributions.

“The annual GSA meeting is the highlight of my academic year. This was my third time attending the conference, but I find that each time I attend, I look forward to the next year’s meeting more than the last,” said Sarinnapha Vasunilashorn of the University of Southern California, who was chosen as the recipient from the Health Sciences Section. “The Carol...”
From the Executive Director

2009: Building on a Strong Foundation
By James Appleby, RPh, MPH

This newsletter is due to reach you after we’ve wrapped up the annual meeting, and the next milestone to cross is the wrap up of the year itself. GSA’s outlook evolved considerably between the beginning and end of 2008, so it makes sense to examine how these changes will prepare us for the days ahead.

Our newly redesigned website has enhanced the GSA membership experience on at least two fronts. We now offer member-exclusive content, including a valuable membership directory. Networking with colleagues is now made much easier. Not only is the site’s content laid out in a logical manner, but our online contact form also quickly directs any questions to the appropriate staff member. This method of communication allows us to track our member’s information needs very efficiently. You may recall that in my October column I said I would be “listening, learning, and listening” — your submitted questions and comments make it easy for me to do just that.

GSA has also been working to expand its organizational visibility. As I explained last month, our policy initiative has spawned a number of projects. Perhaps the most visible was the congressional briefing on civic engagement that took place at the end of the recent annual meeting. This year we also made a transition to use Oxford Journals as the publisher of The Journals of Gerontology and The Gerontologist. Oxford has many first-rate resources that will increase the visibility of these peer-reviewed publications.

Another item on the front burner as we move into the new year is the building and rebuilding of our relationships with other organizations. As you read on the front page, we welcomed the MacArthur Foundation to the annual meeting for the launch of their Research Network on an Aging Society. We have also begun work on a bid to host the 2017 World Congress of the International Association for Gerontology and Geriatrics.

During the opening session at the annual meeting, I compared GSA to a building with a strong foundation. I feel the past six decades of scholarship and education certainly justify that metaphor. With this foundation in place, our goal for 2009 is to elevate the top of the structure by building on three pillars: image, influence, and income.

We’ll also continue to foster those who will follow in our footsteps — the student members of our Emerging Scholar and Professional Organization (ESPO). The quotes from the students in the page one story highlight the value of the GSA funds and endowments aimed at supporting them. Please remember that such grants are enabled by member donations, which are tax-deductible and can be made from the “Support GSA” section on our website.

Having said this, I look forward to updating you on the items I mention above, and sharing some new ones, as we move into 2009. Please enjoy your holiday season!

James
Members in the News

- Donna Wagner, PhD, was quoted in The International Herald Tribune on October 13. She discussed adult children who provide financial support to their older parents.
- Gene Cohen, MD, was the subject of a recent op-ed column appearing in The Needham Times in Massachusetts. Cohen spoke of creativity in older people and recalled a family story as an example.
- Barbara Hirshorn, PhD, and Eric Kingson, PhD teamed with former GSA Executive Director John Conran to publish an editorial in The Orlando Sentinel on October 28. They highlighted the contrast between the Social Security plans of presidential candidates Barack Obama and John McCain. The three had previously collaborated on the 1986 book “Ties That Bind: The Interdependence of Generations.”
- A November 3 article in Blue Ridge Business Journal featured quotes from Virginia Burggraf, RN, DNS, C, FAAN. She spoke of the importance of education for nurses, who are currently experiencing a nationwide shortage.
- Robert Binstock, PhD, discussed health care reform in an October 30 article in Jewish Exponent. He predicted that the next president will be too preoccupied with the current financial crisis to focus on other domestic initiatives.
- The November 2 edition of the Louisville Courier-Journal contained an article with quotes from Thomas Perls, MD, MPH, on the subject of human longevity. He spoke of a calculator he developed, known as “Living to 100”; he uses research to make predictions about how long a person can expect to live based on lifestyle factors and diseases.

Gatzke Earns Prestigious Nursing Scholarship
Mary K. Gatzke, GNP/ANP, has been selected as a 2008 winner of the Minnesota Hartford Center for Geriatric Nursing Excellence (MnHCGNE) scholarship. Through support from the John A. Hartford Foundation, the University of Minnesota School of Nursing provides these scholarships to students who focus their graduate studies on the nursing care of older adults and who commit to engage in an academic career focused on teaching geriatric nursing. The scholarship provides Doctor of Nursing Practice (DNP) and research-focused doctoral students with support for education-related expenses. The MnHCGNE was established at the University of Minnesota in 2007 after the School of Nursing was awarded a $1 million grant from the John A. Hartford Foundation and a $500,000 matching award from the University of Minnesota. The center aims to address the Upper Midwest’s critical need for nurses with expertise in caring for older adults by developing quality faculty with expertise in gerontological nursing.

Heuring Pioneers Aging Information Site
Gretchen Heuring has launched ElderThink.com, a website devoted to the issues of aging. Articles and news items can be emailed to news@elderthink.com. Heuring also currently serves on the Boulder County (Colorado) Aging Advisory Council.

Wu Takes UNC Greensboro Post
Bei Wu, PhD, a veteran researcher and award-winning teacher, has agreed to join the gerontology program at the University of North Carolina at Greensboro as an associate professor in January. A fellow of GSA and its education branch, the Association for Gerontology in Higher Education, she is currently an associate professor at West Virginia University and is extensively involved in international research. She holds adjunct professor/senior fellow positions at three academic institutions in China and has conducted numerous aging-related studies in that country. After receiving her MS and PhD in gerontology from the University of Massachusetts in Boston, she worked as a research associate and research methodologist at the Wellesley College Center for Research on Women, and as a senior research associate at the Center for Health Economics Research in Massachusetts.

Burns Delivers Speech During Women’s Event
Edith Burns, MD, recently participated in the Medical College of Wisconsin’s Women in Science luncheon series. She gave a talk on “Patient Power: Giving Diabetics the Tools to Take Control.” Burns is an associate professor of medicine in the division of geriatrics and gerontology at the Medical College and director of ambulatory geriatrics at the VA Medical Center – Milwaukee.

Annual Lecture Brings Connidis Stateside
On October 29, Ingrid Connidis, PhD, of the University of Western Ontario presented the annual fall lecture of Eastern Michigan University’s Gerontology Program. Her speech was titled “Family Ties and Aging: Past, Present and Future.” An expert in aging and family relationships, Connidis focused on trends and patterns in the U.S. and Canada. Her research has looked at work-family balance, sibling ties, family ties across generations, the family ties of gay and lesbian adults and step relationships. In 2004 she was awarded GSA’s Richard Kalish Innovative Publication Award for her work on intergenerational relations.

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

Johnell Brooks
She became eligible after referring new member Linnea Smolentzov.
The winner was randomly selected using randomizer.org.
For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/ColleagueConnection.htm

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The 110th Congress: Data In, Results Mixed

If you spent any time on Capitol Hill while attending GSA’s Annual Scientific Meeting, you may have seen your senators or members of the House. Yes, after the elections and a year of mixed results, Congress returned to tackle a second economic stimulus bill — although it is now being referred to as “Economic Recovery Legislation.” If you were lucky enough to meet with your members of Congress or their staff, we hope that the GSA Policy Toolkit served as a good resource. In a future article, I’ll tell you more about the Toolkit, online products that you may access for policy work, and joining the GSA Policy Network.

Now, back to Congress. After the August recess, Congress “worked” for four weeks before heading back to their states and districts to campaign. Once President George W. Bush, Speaker Nancy Pelosi (D-CA), and Federal Reserve Chairman Ben Bernanke all publicly supported quick action on another economic stimulus bill, the die was cast for a lame duck session. Word from House staffers is that the new potential bill could cost $150 billion. However, at the time of this writing, I am unable to give you more details on the bill or explain the outcome.

Working on the assumption that the 110th Congress is over and that few other bills were made a part of the economic recovery bill, below is a wrap-up of what happened, what didn’t happen, and what to watch for in 2009.

Looking ahead, GSA and the Leadership Council of Aging Organizations (LCAO) are working to place issues affecting older adults on the agenda of the Obama transition team.

Wrap-up of the 110th Congress and a Look Forward to 2009

Appropriations • The congressional Democratic leadership postponed final negotiations on most Fiscal Year 2009 appropriations bills until next spring, hoping for a larger Democratic majority in Congress and a Democratic White House next year. President Bush had threatened to veto any bill that exceeded his budget request. To fund government operations until next March, Congress passed, and the President signed, a continuing resolution (H.R. 2638/Public Law No: 110-329) that funds most federal programs at FY 2008 levels through March 6, 2009.

In a victory for aging advocates, the continuing resolution included additional funding for the Low-Income Home Energy Assistance Program (an additional $2.8 billion for total of $5.1 billion) and $20 million additional for the Commodity Supplemental Food Program (CSFP).

Older Americans Act • Although Older Americans Act (OAA) programs will continue to operate under FY 2008 funding levels until March 6, 2009, remember that the Senate Appropriations Committee approved a $631 billion FY 2009 Labor-HHS-Education appropriations bill on June 26. This appropriations bill includes OAA programs. The bill, which may be the starting point for negotiations next year, contained total discretionary spending of $153 billion ($7.7 billion more than the President’s request) and more than $801 million for senior nutrition programs, including congregate and home-delivered meals ($43 million over FY 2008 levels to help local programs cope with rising fuel and food prices). The bill also included more than $2.2 billion for health centers ($150 million over the FY 2008 level), and $68.3 billion for HHS overall, including $30 billion for NIH, $1.077 billion for NIA (a $30 million increase), and $585.1 million for preparation for a hypothetical pandemic flu.

Other OAA spending levels approved by the Senate Appropriations Committee included: Program Innovations: $10,102,000 and Alzheimer’s Disease Demonstrations: $11,464,000.

Economic Stimulus Package • Since July, Congress has been considering the possibility of a second economic stimulus package. The various proposals under consideration have included increases in the Federal Medical Assistance Percentage (FMAP) under Medicaid by up to $15 billion; funding for senior nutrition programs, home energy assistance, job creation, infrastructure projects, and food stamps; an extension of unemployment insurance; and $1.2 billion for NIH. In response to these proposals, LCAO developed and sent a letter, dated September 5, to House and Senate leaders supporting an increase in the FMAP and funding for aging programs as part of any second economic stimulus.

As noted above, one of the proposals (H.R. 7110) was passed by the House on September 26. It included $14.4 billion in fiscal relief to states with a temporary increase of one percent in FMAP; $34 billion for infrastructure projects; $1.6 billion for energy development; an extension of unemployment benefits by 7 weeks (total 20 weeks); $2.6 billion for food assistance for seniors, people with disabilities, and very poor families with children; and $500 million for job training. A similar measure failed to advance in the Senate.

House Minority Leader John Boehner (R-OH) has also drafted a “Rapid Economic Recovery Plan” and is calling for a suspension of the capital gains tax (currently 15 percent for individuals and 35 percent for corporations) for equities purchased during the next two years to encourage investment, a doubling of the child tax credit, and tax relief for small businesses.

Progress
As the elections grew near and partisan wrangling became the norm, some progress was made on aging priorities, if only as a foundation for action in the next Congress.

Civic Engagement • As noted in the October issue, one exciting development at the end of the 110th Congress was introduction of several bills to expand service opportunities for older adults and baby boomers.

Medicare • Medicare Improvement for Patients and Providers Act of 2008 (H.R. 6331) • As noted in my August article, on July 15, 2008, both the House and the Senate voted to override a presidential veto to enact the Medicare Improvement for Patients and Providers
Act of 2008 (H.R. 6331) (Public Law No: 110-275). The main purpose of the law was to prevent a 10.6 percent cut in Medicare physician payment rates that was scheduled to take effect July 1. Importantly, however, the law also includes low-income protections against rising costs, improvements in consumer protections for plan marketing, cuts to Medicare Advantage plans, and improvements in access to preventive services. For a more detailed summary of the bill and its provisions, visit www.medicareadvocacy.org/Reform_08_07.10.HR6331.htm.

QI Funding • Congress passed and the President signed a bill (S. 3560) that authorizes additional spending for the Qualified Individual (QI) program that assists low-income seniors with paying their Medicare premiums. The bill, sponsored by Senate Finance Committee Chairman Max Baucus (D-MT), authorizes $45 million extra for the program. Individuals on Medicare whose earnings are at 120 percent to 135 percent of the poverty line (or between $1,040 and $1,170 per month), who have few assets, and are not eligible for Medicaid are eligible for the QI program. The cost of the bill would be paid for by requiring states to participate in a federal computer system used to determine whether people are eligible for Medicaid.

Medicare Payments for Preventable Errors • According to the Kaiser Daily Health Policy Report, on October 1, 2008, Medicare began denying payment to hospitals for additional care resulting from 10 “reasonably preventable” errors (Sack, New York Times, 10/01/08). The conditions for which Medicare no longer will reimburse hospitals for treatment include: falls; mediastinitis, an infection that can develop after heart surgery; urinary tract infections that result from improper use of catheters; pressure ulcers; and vascular infections that result from improper use of catheters. In addition, the conditions include three “never events”: objects left in the body during surgery, air embolisms and blood incompatibility. The rule was proposed by CMS in April 2007 and mandated by a 2005 law (Kaiser Daily Health Policy Report, 8/20/07).

Mental Health Parity • Another victory for health advocates was mental health parity legislation. Mental health parity means that insurers would be required to offer mental health insurance with benefits, co-payments, and treatment limits equal to traditional medical coverage plans. Advocates for the legislation had worked hard for its passage throughout the 110th Congress and for many previous Congresses. The Senate passed a mental health parity bill (S. 558) sponsored by longtime mental health advocate Pete Domenici (R-NM), who is retiring. The House also passed a version (H.R. 1424), sponsored by Patrick Kennedy (D-RI).

The House then passed a new compromise stand-alone mental health parity bill (H.R. 6983) on September 23, and the Senate included a mental health parity proposal as part of a bill (H.R. 6049) that would extend expiring energy tax provisions. That bill was then added to the “bailout” measure that passed and became law (Public Law No: 110-343).

Proposals to Watch for in ‘09

Empowered at Home Act (S. 3327) • On July 24, Senate Finance Committee members John Kerry (D-MA) and Charles Grassley (R-IA) introduced the Empowered at Home Act (S. 3327). The bill is designed to improve states’ ability to provide Medicaid home and community-based services (HCBS) to eligible beneficiaries. The bill was referred to the Committee on Finance. The bill would:

• Ensure that spousal impoverishment protections available to couples in nursing homes also are available to those who choose HCBS
• Develop Medicaid demonstration grants for evidence-based health promotion and disease prevention programs, similar to those available under the OAA
• Provide a family caregiver tax credit
• Improve Medicaid HCBS data collection
• Analyze and report on state implementation of the Medicaid Home Health program.

Caring for an Aging America Act of 2008 (S. 2708) • The Caring for an Aging America Act (S. 2708), sponsored by Senator Barbara Boxer (D-CA), and a companion bill, H.R. 6637, sponsored by Representative Carolyn Kilpatrick (D-MI) in the House of Representatives, would provide $130 million in federal funding over five years to attract and retain trained health care professionals including physicians, nurses, social workers, and direct-care workers by providing them with loan forgiveness and career advancement opportunities. GSA is in favor of this legislation.

Issues of attracting and retaining trained healthcare professionals and direct-care workers will be on the agenda again next year.

Independence at Home Act of 2008 (S. 3613/H.R. 7114) • On September 26, Senator Ron Wyden (D-OR) and Representative Edward Markey (D-MA) introduced the Independence at Home Act. The bill would provide certain high cost Medicare beneficiaries suffering from multiple chronic conditions with access to service in their homes under a plan of care developed by a physician or nurse practitioner. It would authorize a chronic care coordination demonstration for the highest cost Medicare beneficiaries with multiple chronic conditions that holds providers accountable for quality outcomes, patient satisfaction, and mandatory minimum savings on an annual basis.

Geriatric Assessment and Chronic Care Coordination Act of 2007 (S. 1340/H.R. 2244) • Another bill (S. 1340) which supports the use of care coordination was sponsored by Senator Blanche Lincoln (D-AR). S. 1340 would provide Medicare coverage of chronic care coordination services and require a study on the effectiveness of the services. It would require that professionals providing assessments or coordination work under the supervision of a physician. Momentum is building for the use of care coordination to cut costs while improving quality.

Health Care Reform • The monumental effort and focus in 2009 may be on system wide health care reform. Suffice it to say, one of my early articles next year will focus on the various proposals and the politics of reform that will be taking shape next year.
Indian Students Renew Interest in Gerontology
A non-governmental organization (NGO) in Kolkata, India has introduced a course in gerontology in an attempt to promote zeal amidst youngsters and social workers to care for older persons. There are around 30 seats and Calcutta University certifies the course. As reported on www.dailyindia.com, the organizers say the course helps the social workers learn new techniques and upgrade their knowledge for handling problems.

Baylor Launches Accelerated Nursing Program
To help address the shortage of nurses in the field, Baylor University's Louise Herrington School of Nursing will use a grant from the Deerbrook Charitable Trust to launch an accelerated nursing program. The new curriculum, called the Fast Bacc, is for students who already have bachelor's degrees in another field. The grant totals almost $1.2 million over a three-year period. The program will begin in the summer of 2009 at the nursing school. These enrolled "second-degree" students will finish the nursing program in 12 months, while it takes regular students two years to complete. The nursing school is placing an increased emphasis on meeting the needs of the aging patient population. The focus of the grant is, in part, to enhance the geriatric curriculum through new technology and additional resources.

Online Training Available Through UM Flint
The University of Michigan – Flint is slated to add two new online graduate programs to its academic offerings starting in 2009: a doctorate in physical therapy, which includes some programs specializing in specific areas of physical therapy, such as gerontology; and a doctorate of nursing practice program, which will replace the school's current master of science in nursing program. Students who receive the new nursing degree will be able to become nurse practitioners. There is a high level of education required to be a nurse practitioner, because they are licensed to provide some care themselves such as diagnosing illnesses or performing minor surgeries. Most medical degrees are typically thought of as being very hands-on, and though the new programs are completely online, clinical work will be arranged to be done at the workplaces of the students in the program. The graduate school currently anticipates offering these programs to a small group of Flint alumni in the winter of 2009. In the spring of 2009, the new physical therapy programs will be offered for the first time and in the fall of 2009, the new nursing program will officially open to the general public.

Federal Funds To Enhance Montana Emergency Services
Montana State University (MSU) and the Bozeman-based Critical Illness and Trauma (CIT) Foundation recently received $346,660 from the U.S. Department of Agriculture (USDA) to improve emergency medical services for rural geriatric patients. The grant funds will be used to develop and deliver a continuing education program for rural emergency medical providers throughout Montana. Like other rural states, the percentage of Montana's population aged 65 years and above is growing at a rate more rapid than other more-populated states. By 2020, Montana is expected to have the third-highest percentage of elders in the nation, up from its current position as fifth. The USDA grant funds will be used to deliver a training program that focuses on geriatric issues. MSU and CIT will develop a train-the-trainer network that is expected to reach 25 percent of Montana's EMT-First Responders and EMT-Basics through on-site and distance education within the first year.

Wyoming To Expand Mental Health Training
The Wyoming Geriatric Education Center (WyGEC) at the University of Wyoming (UW) has received $150,000 in state funds to expand its innovative mental health services program. The Wyoming Care with Confidence Project (WCCP), a partnership with the Wyoming Department of Mental Health and Substance Abuse Services Division, addresses the state's critical gap between community mental health centers and nursing homes. Through the project, WyGEC trains mental health professionals to teach certified nursing assistants (CNAs) how to work with problematic behaviors of residents in long-term care facilities. The new funding will expand training for additional long-term care providers in Wyoming. Using a curriculum developed by Rita Van Norman, a licensed clinical social worker at Northern Wyoming Mental Health Center, WCCP provides education about behaviors caused by dementia, depression and anxiety. The project's pilot program, conducted earlier this year, prepared six mental health professionals who have since trained 161 CNAs in 10 Wyoming facilities. WyGEC, sponsored by the UW College of Health Sciences’ School of Pharmacy, was founded last year with funding from a three-year grant from the Health Resources and Services Administration and additional funding from an endowment established by the John P. Ellbogen Foundation Excellence Fund for Geriatric Education. The Center's mission is to establish a solid foundation for quality geriatric education programs by training health professionals, faculty, students and clinicians to meet the health care needs of older adults in Wyoming's rural areas.

Market Strife - Continued from page 1
Drawing on the collective expertise of its members, the Network will examine the potential benefits of remodeling the distribution of key activities, including education, work, and leisure, across the life course. Research and projects will focus on three themes: The positive and negative impact of key intergenerational issues on families and society; the development of meaningful roles for older people; and the potential effects that the various sources of diversity and inequalities may have on the structure, economy, and overall health of an aging society.

More information on this new initiative is available at www.macfound.org.
‘Writing is Thinking, not the Report of Thought’

—C.W. Mills, “The Sociological Imagination”

As I write this ESPO newsletter entry for December and realize that January 2009 will be my last submission, I am considering the thoughts that have emerged in the writing of this monthly essay-ette. This newsletter year began in February with my decision to follow a theme for the year — developing a professional “self” through educational opportunities, mentoring, networking, belonging to professional organizations, and most importantly through personal reflection and increased “self” awareness. My thought was to engage ESPO members a bit differently in this column; to rely less on dates, times, and places for meetings and trainings, and on the how-tos of CV-writing and job-hunting, and to focus instead on the notion that it is our “self” that meets the world as emerging scholars and professionals. It is who we are as much as what we can do that draws others’ attention and leads them to regard us as substantial, credible practitioners, researchers, scholars, and educators. Our “self” presentation conveys to others that we have the potential to become who we aspire to be.

I wrote in one essay-ette about “self” reliance — pursuing our goals because they are ours and because we believe we can achieve them. In another submission I spoke about the importance of belonging as the fundamental condition of growth and development personally and professionally. Throughout these entries I have referred to the concerns and needs expressed by the ESPO membership during our 2007 business meeting — specifically the need to feel included or part of the larger organization; the hope that mentoring channels would be established between senior members of GSA; and the importance of communication among members and with GSA.

As I write this newsletter submission the GSA annual conference is two weeks away, the semester’s end is in sight, and the nation has just elected a president who represents hope and transformation. We too — as practitioners, scholars, researchers, social scientists, and educators in gerontology — have committed ourselves to hope and transformation by the choice we have made to create a just and humane society that supports individual and collective well-being as a fundamental human right.

Writing is thinking and as I write this I am convinced that as emerging scholars and professionals in gerontology we have the personal resources to become who we aspire to be; that through ESPO we have access to a richly diverse and accomplished collaboration of gerontologists who are models and mentors, whose professional “self(s)” demonstrate “yes we can.” As I write this essay-ette I am also reminded that as 2008 ends, we must pause to celebrate our own accomplishments and take pleasure from a season that calls our attention to the importance of relationships with family, friends and colleagues. These relationships fuel our accomplishments and support our aspirations. Together as emerging scholars and professionals we can ...

Student Attendees - Continued from page 1

A. Schutz scholarship enabled me to attend this year's meeting, which is substantially more expensive given the rising cost of travel on a student budget.”

She was not alone in her concerns about the current financial climate.

“Receiving the Scholarship makes traveling to GSA much less of a worry for me as a student, especially in these tough economic times when other funding sources have cut back or stopped assistance entirely,” said the University of Kentucky's Diana Mathis, the winner from the Biological Sciences Section. “What most impresses me about this award, however, is not necessarily the monetary value, but the fact that the fund is there to encourage the professional development of emerging scholars. It also serves to support the interdisciplinary nature of GSA and gerontology by giving aid to one student from each major area.”

The other recipients include University of California, Irvine student Gloria Luong from the Behavioral and Social Sciences Section; Lauren Martin of the University of Massachusetts Boston, representing the Social Research, Policy, and Practice Section; and undergraduate Elizabeth Munoz of the University of California, Irvine.

“This will be my first time attending as a presenter,” Munoz said. “Because I have a poster, I have to pay for the printing in addition to the cost of a plane ticket. This award has eased a lot of the financial strain and I now feel as if I can really enjoy the meeting without having a big dent in my pocket. Most importantly, receiving this award has made me feel the support of all the members from GSA and I feel much more motivated to contribute to the field of aging.”

Luong expressed similar sentiments.

“I am grateful to everyone who contributed to the fund and made this opportunity possible,” she said.

Donations to the fund are welcome at any time and can be made online at www.geron.org under the “Support GSA” menu pulldown.
AJN Releases Latest in ‘Try This’ Series
The American Journal of Nursing (AJN) has announced the newest entries in its “How To Try This” series. To read or view the articles and videos featured this month, go to www.NursingCenter.com/AJNolderadults. “How to Try This” is a collaborative project of the Hartford Institute for Geriatric Nursing at NYU’s College of Nursing and the American Journal of Nursing. Topics from the series will be made available each month through December 2008 in free web-based resources, including demonstration videos and companion articles in the AJN.

Wandering in Hospitalized Older Adults
By Meredith Rowe, PhD, RN, FAAN
People who have dementia are at risk for wandering off care units and away from the safety of the care setting — or becoming lost in the community. Reported cases of people with dementia wandering off, even from locations such as hospitals, have become increasingly common. Preventing incidents in which the patient wanders away is critical because once a person with dementia becomes lost, she or he may die before being found. Three critical elements of prevention and action are accurate assessment of at-risk individuals, provision of intensive supervision, and implementation of a standardized search plan if a person with dementia is missing. Watch a free video demonstrating the best practices for preventing hospitalized patients with dementia from wandering away at http://links.lww.com/A306.

Working with Families of Hospitalized Older Adults with Dementia
By Christine Bradway, PhD, RN, GNP-BC, and Karen B. Hirschman, PhD, MSW
Families provide a considerable amount of informal care and support for older adults living with dementia. And when an older adult with dementia is hospitalized, family caregivers should be seen as important sources of information and included as valuable members of the health care team. This article describes a best-practice approach to working with families and includes recommendations for using the Information for the Hospital Team About a Patient with Memory Problems form. For a free online video demonstrating the use of this form, go to http://links.lww.com/A301.

Slow Growth Expected for Behavioral Health Spending
Spending on mental health and substance abuse (MHSA) treatment is projected to double between 2003 and 2014, according to new forecasts by the federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA). The data is analyzed in an article on the Health Affairs journal website. Growth in spending for MHSA treatment during this period is expected to lag behind growth in overall health spending, although by a smaller margin than in the 1986-2003 period. Spending on MHSA treatment is expected to increase from $121 billion in 2003 to $239 billion in 2014. From 2003 to 2014, overall health spending is expected to grow 0.8 percentage points faster than the rate of growth in spending for MHSA treatment. As a result, behavioral health spending is predicted to decline as a share of total health spending, from 7.5 percent in 2003 to 6.9 percent in 2014. By comparison, from 1986 to 2003, behavioral health spending growth lagged behind overall health spending growth by twice as much, 1.6 percentage points.

The analysis article is available at content.healthaffairs.org/cgi/content/abstract/hlthaff.27.6.w513.

HHS Launches Improved Information Site
The U.S. Department of Health and Human Services has launched an updated version of www.healthfinder.gov, a federal website designed to provide information for people who wish to stay healthy. The site features links to over 6,000 government and nonprofit health information resources on hundreds of health topics. Additionally, a tool called MyHealthFinder provides personalized recommendations for clinical preventive services specific to the user’s age and gender.

Family Caregivers Lack Information, Training
In a first-of-its-kind collaboration, national organizations representing nurses, social workers, family caregivers, and people age 50+ have released a report calling for a re-definition of good patient care to include those family members and friends who provide ongoing, often daily, care. Family members are very often not prepared to take on the task of caregiving — especially as many family caregivers are providing services typically reserved for registered nurses and doctors. The report, “State of the Science: Professional Partners Supporting Family Caregiving,” available at www.nursingcenter.com/AJNfamilycaregivers, is a joint endeavor of the AARP Foundation, the American Journal of Nursing, the Council on Social Work Education and its Journal of Social Work Education, Family Caregiver Alliance, and Rutgers Center for State Health Policy.

Survey Finds Challenges in Alzheimer’s Screening
According to a new online survey report titled “Alzheimer’s Disease: Current Attitudes, Perceptions, and Knowledge,” nearly 95 percent of the participants agreed that they would encourage a loved one to seek early diagnosis upon suspecting signs of AD. However, of the 34 percent who previously thought a loved one had the disease, only about one-quarter prompted that person to take an AD screener and less than 40 percent encouraged initiating a conversation with his or her doctor. The survey also found that more than 90 percent of adults age 55 and over are unable to identify the difference between early disease symptoms, late disease symptoms, and symptoms unrelated to AD, despite the fact that 78 percent believe they could recognize signs of the disease in themselves or a loved one. For complete details, see www.seethesigns.com.
Healthiness in Old Age Requires Advance Planning

If you plan to “thrive” when you are 65, you need to invest in your health decades earlier. A new study in the October issue of The Journal of Gerontology: Medical Sciences (Volume 63A, Number 10) finds that fewer than 10 percent of people aged 65-85 maintain exceptional emotional and physical health throughout their golden years. These so-called “thrivers” share specific behavioral and lifestyle characteristics that may hold the key to healthy aging, according to the study’s authors.

“Important predictors of thriving were the absence of chronic illness, income over $30,000, having never smoked, and drinking alcohol in moderation,” said lead author Mark Kaplan, DrPH, of Portland State University. “We also found that people who had a positive outlook and lower stress levels were more likely to thrive in old age.”

“Many of these factors can be modified when you are young or middle-aged,” said co-author David Feeny, PhD, of the Kaiser Permanente Center for Health Research. “While these findings may seem like common sense, now we have evidence about which factors contribute to exceptional health during retirement years.”

This is the first research to evaluate which factors help older people maintain exceptional health over a long period of time. Most previous investigations have focused on factors that contribute to poor health, and they have made those determinations based on one-time surveys.

This study included 2,432 Canadian residents, aged 65-85, who filled out an extensive health survey every other year from 1994-2004. One measure, called the Health Utilities Index Mark 3, asked people to rate their abilities in eight categories, including vision, hearing, speech, ambulation, dexterity, emotion, cognition, and pain. Thrivers were those who rated themselves as having no or only mild disability in all eight categories on at least five of the six surveys.

If respondents reported moderate or severe disability on any of the six surveys, they were classified as non-thrivers. Just over half (or 50.8 percent) of the respondents started out as thrivers, but by the end of the ten years, only 8 percent of the respondents were considered thrivers. By the end of the study period, just under half (47 percent) of the respondents were classified as non-thrivers. The rest (36 percent) had either died or were institutionalized (9 percent).

“Even though the study was conducted in Canada, the findings are certainly applicable to the United States and other industrialized nations,” said co-author Bentson McFarland, MD, PhD, of the Oregon Health & Science University. “Our population here in the United States is similar demographically to Canada’s, and both health care systems rely on the same underlying technologies,” says McFarland.

The study was funded by a grant from the National Institute on Aging.

NIH Modifies Grant Process
The National Institutes of Health (NIH) has released a new policy designed to enhance success rates of new and resubmitted applications by decreasing the number of allowed grant application resubmissions from two to one. This policy is part of a continuing series of changes to the NIH peer review system following an in depth review and a year long self-assessment that concluded in June 2008. This new policy will help ensure earlier funding of high-quality applications and improve efficiencies in the peer review system. NIH analysis indicates that an increasing number of meritorious applicants who were ultimately funded had to resubmit their applications multiple times which increased burden on applicants and reviewers alike. NIH’s previous policy allowed research applicants two attempts to improve upon their original application based on feedback from peer reviewers. Complete details are available at grants.nih.gov/grants/guide/notice-files/NOT-OD-09-003.html.

Short-Term Scholarships Bolster Medical Students
The 2009 Medical Student Training in Aging Research (MSTAR) Program provides medical students, early in their training, with an enriching experience in aging-related research and geriatrics, under the mentorship of top experts in the field. This program introduces students to research and academic experiences that they might not otherwise have during medical school. This positive introduction has led many physicians-in-training to pursue academic careers in aging, ranging from basic science to clinical research to health services research. The application for the next round of scholarships is February 6, 2009. Students participate in an eight- to twelve-week structured research, clinical, and didactic program in geriatrics, appropriate to their level of training and interests. Students may train at a National Training Center supported by the National Institute on Aging or, for a limited number of medical schools, at their own institution. See www.afar.org/medstu.html for more details.

RWJF Monies Aimed at Nurse Executives
The Robert Wood Johnson Foundation Executive Nurse Fellows program is an advanced leadership program for nurses in senior executive roles in health services, public health and nursing education who aspire to help lead and shape the U.S. health care system. The three-year fellowships allow participating nurses to remain in their current positions while they gain the experiences, insights, competencies and skills necessary to advance in executive leadership positions in a health care system that is undergoing unprecedented change. The program is designed to give nurses a more influential role across many sectors of the economy. The fellowships are open to senior-level nurses who hold executive positions in health services organizations, public health organizations and systems, and nursing education. The deadline for receipt of applications is January 15, 2009. Up to 20 fellowships will be awarded in this grant cycle for $35,000 over three years. Visit www.enfp-info.org for further information.
Dementia Greater Among Australian Aborigines
Australia’s ABC News reports new research that shows Aboriginal people suffer significantly higher rates of dementia than the wider population in that country. The study was conducted in the Kimberley region of Western Australia. The rate of dementia in Kimberley Aboriginal people over age 45 is 12.4 percent — five times higher than non-Aboriginal Australians. The study, conducted by the Western Australian Centre for Health and Ageing, found that other chronic disease leads to the onset of dementia in Aboriginal people, while alcohol is only a minor factor.

France Considers Raising Retirement Age
According to the International Herald Tribune, French workers may be allowed to continue working past age 65 under a legislation approved by the lower house of parliament. The measure would prevent employers from making employees retire at 65 beginning January 2010. Like other industrialized countries, France faces growing pressure on its pension system and has been forced to increase the pensions contribution period to 41 years despite strong opposition from unions.

China Raises Pensions for Veterans, Families
China is raising its pensions for disabled servicemen, veterans of the Chinese Workers’ and Peasants’ Red Army, and family members of fallen soldiers, according to the China Daily website. China currently has 890,000 disabled servicemen, about 55,000 veterans of the Red Army, and 500,000 family members of fallen soldiers. For the disabled, including soldiers, police, civil servants and migrant workers, their pensions will be raised 20 percent. For family members of fallen soldiers and veterans of the Red Army (the military forces of the Communist Party of China from 1927-1937), their pensions will increase 15 percent.

Canada Releases Caregiving Statistics
CanWest News Service has reported that one in five Canadians aged 45 and older is providing some form of unpaid care to a senior, according to new data from Statistics Canada. One quarter of these people are seniors themselves. The number of Canadian caregivers increased by 670,000 between 2002 and 2007 and now sits at 2.7 million. Of those, 675,000 are seniors and one-third of that group is over 75. Canada’s senior population swelled by almost 12 percent — to 4.3 million — between the 2001 and 2006 census. Projections suggest that by 2026, one in five Canadians will be aged 65 or older.

UK Poorest Living Shorter Lives
New research shows Britons in affluent areas live up to 14 years longer than those in poorer ones, according to the BBC. The average age of death varied between 66 in Easterhouse, Glasgow, and 80 in Eastbourne, Sussex, the Universities of Bristol and Sheffield found. The study, called “The Grim Reaper’s Road Map,” analyzed nearly 15 million deaths between 1981 and 2004 and mapped them according to age, place, and cause. The authors said poverty and social mobility explained the variations. They found the overall average age of death in the UK was 74.4 years — or 71.2 for men and 77.4 for women.

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December 2008
printed in the U.S.

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