New Civic Engagement Resource Spotlights Boomers, Seniors

GSA's latest book features the most comprehensive overview to date of volunteering and service activities among older people. This unique publication includes forward-looking essays by leading scholars in the field, supplemented by classic research articles from GSA's peer-reviewed journals.

“Civic Engagement in an Older America” is the capstone product of a multi-year initiative at GSA — funded by The Atlantic Philanthropies — designed to stimulate research on older adult civic engagement.

“There has been such rapid development of interest in civic engagement in later life,” said Nancy Morrow-Howell, PhD, of Washington University in St. Louis, who co-authored the book’s introduction. “The last decade has seen new program and policy initiatives, the birth of an academic area of research, and the burgeoning ‘civic enterprise.’ This volume helps us consolidate these developments, take stock, and move forward in the most constructive ways.”

New Report Ties Diabetes to Shortened Life Expectancy

Despite medical advances enabling those with diabetes to live longer today than in the past, a 50-year-old with the disease still can expect to live 8.5 years fewer years, on average, than a 50-year-old without the disease.

This critical finding comes from a new report commissioned by GSA’s public policy institute, the National Academy on an Aging Society, and supported by sanofi-aventis U.S. A copy is included with this month’s mailed edition of Gerontology News.

The analysis — based on data from the Health and Retirement Study (HRS) — found that older adults with diabetes have a lower life expectancy at every age than those without the disease. At age 60, for example, the difference in life expectancy is 5.4 years. By age 90, the difference is one year.

“Given the rise in diabetes among boomers and seniors, these findings are alarming,” said Greg O’Neill, PhD, director of the Academy. “They paint a stark picture of the impact of diabetes and its complications on healthy aging.”

Indeed, the figures show a marked increase in the percentage of adults over age 50 with diabetes during the past decade: from 11 percent of non-Hispanic whites in 1998 to 18 percent in 2009.
A Year in Review: Achievements Strengthen GSA’s Legacy

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

After 65 years, GSA has set a certain standard of success for itself. The past year has been filled with many achievements for both for the Society and the field of gerontology. It’s important to celebrate these successes as we prepare for the year ahead. A short list of noteworthy happenings in 2010 is provided below.

GSA Celebrates 65th Anniversary: On May 18, GSA reached age 65. In honor of this milestone, the festivities included special newsletter and journal articles, a YouTube contest, the launch of an annual giving campaign, and a gala at the Annual Scientific Meeting.

Membership Numbers Climb: From October 1, 2009, to October 1, 2010, GSA’s membership grew over six percent. Our Society now has approximately 5,700 members, a level not seen in over a decade.

Summit Promotes Care Coordination Models: A September summit organized by GSA resulted in new recommendations to enable effective care coordination for older adults by their health care providers. The event was the brainchild of GSA President Peggye Dilworth-Anderson, PhD. This was a wonderful initiative and I want to express my sincere gratitude to Peggye for her dedicated service over the past year.

Health Care Law Passes: With the March passage of the Patient Protection and Affordable Care Act, the U.S. government took the first major step to reform health care in this country. GSA’s website features a document, located at www.geron.org/HCRprovisions.pdf, that summarizes the many provisions affecting older adults.

Innovation Fund Launches: GSA initiated an annual giving campaign to coincide with its 65th anniversary, allowing donors to make an ongoing commitment to research, education, and practice in the field of aging. All contributions will support the new GSA Innovation Fund, which will be used to create new programs, products, and services for members.

Public Television Partnership Forms: Twin Cities Public Television recruited GSA for a major role in a new project called Next Avenue, a nationwide media initiative designed to reach and engage the senior audience. Our public policy institute, the National Academy on an Aging Society, will build relationships with organizations to share their content through nextavenue.org.

GSA Co-Founds New Age4Action Network: Through a grant from the Atlantic Philanthropies, GSA became a leading partner of the Age4Action Network, a coalition of organizations focused on the older workforce, civic engagement, lifelong learning, and advocacy. GSA’s role is to create a research and policy action center containing advocacy resources.

Fellowship Brings Reporters to New Orleans: Through a grant from the MetLife Foundation, GSA created a fellowship program with the purpose of generating coverage for important aging issues. As a result, 15 funded journalists were able to participate in this year’s Annual Scientific Meeting. GSA’s website will host their stories as they are published.

Now that the excitement of the annual meeting is behind us, I would welcome feedback from members on the meeting or on any of the items above — as well thoughts about how GSA can achieve similar success in the year ahead. I wish everyone a safe and happy holiday season.

Sincerely,

James

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GSA Fellow James J. Callahan, PhD, a distinguished Brandeis University researcher, died on October 12. He was a member of the faculty at the Heller School for Social Policy and Management at Brandeis for 25 years, and was a key member of the cabinet of former Massachusetts Governor Michael S. Dukakis. At the state level, he served as secretary of elder affairs, commissioner of mental health, and director of the Medicaid program. At Heller, he was at various times director of the Policy Center on Aging, director of the National Institute of Mental Health training program, head of the PhD program, and a senior researcher. In 1991, he became the first recipient of GSA’s Maxwell A. Pollack Award for Productive Aging.

K. Della Ferguson, PhD, the former dean of health professions and education and director of the Gerontology Institute at Utica College, died on Sunday, October 24. She was presented with Utica College’s Distinguished Teaching Award in 1990, and in 1996 was recognized as the Womyn’s Resource Center Mentor of the Year. In 2009, she became a fellow of GSA’s educational branch, the Association for Gerontology in Higher Education. In addition to her professional contributions to Utica College, Ferguson was also a pioneer for women’s rights.

New Publication by Members

“Improving the Quality of Care in Nursing Homes: An Evidence-Based Approach,” by Thomas T. H. Wan, Gerald-Mark Breen, Ning Jackie Zhang, and Lynn Unruh. Published by The Johns Hopkins University Press.

Members in the News

• GSA Fellow Elizabeth Dugan, PhD, was interviewed on “Good Morning America” November 1 on the subject of older driver safety.
• GSA Fellow Kyriakos Markides, PhD, was quoted in an article in the October 18 edition of The Wall Street Journal. He spoke about new data showing that Hispanics face a higher life expectancy than whites and African-Americans.
• The October 23 edition of The Ottawa Citizen featured a quote from Bonnie Dobbs, PhD. She noted that as baby boomers age, incidents of older drivers experiencing cardiac arrest behind the wheel may increase.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Brian Maloney, LGSW

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: Ali Ahmed

The recipient, who became eligible after referring new member Tony K. Winters, 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

Diehl Appointed Research Ambassador

GSA Fellow Manfred Diehl, PhD, a professor in human development and family studies and director of the Center on Aging at Colorado State University, has been named a research ambassador by the German Academic Exchange Service (DAAD). DAAD is the German national agency for the support of international academic cooperation. Research ambassadors serve as liaisons for the DAAD in the United States and Canada to promote research opportunities in Germany among colleagues, peers and students. In his new role, Diehl will strive to inspire others to conduct research in Germany by working within their respective departments and serving as a resource to his university.

Fulmer, Quadagno Elected New IOM Members

Former GSA President Terry Fulmer, PhD, RN, FAAN, and GSA Fellow Jill Quadagno, PhD, were named new members of the Institute of Medicine (IOM) during its recent 40th Annual Meeting. Election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service. Fulmer is the Erlene Perkins McGriff Professor and dean of the New York University College of Nursing. Quadagno is the Mildred and Claude Pepper Eminent Scholar Chair in Social Gerontology at Florida State University.

Wagner To Assume Associate Deanship

GSA Fellow Donna Wagner, PhD, has been named associate dean for academic affairs at New Mexico State University’s College of Health and Social Sciences, effective January 1, 2011. In addition to administrative duties, a portion of her time will be spent conducting research and teaching. Wagner is currently a tenured professor of gerontology and health science and the founding director of Towson University’s Gerontology Program, where she oversees an undergraduate and a master’s degree program in applied gerontology. Wagner received her PhD in urban affairs from Portland State University.

Lopez, Choi Take Top Spots in YouTube Contest

Cynthia Lopez, MA, MUS, of Portland State University has been named as the first place winner of GSA’s Global65 YouTube Contest for her video, “Global Aging Nicaragua.” Second place was awarded to Moon Choi, PhD, of the Virginia Commonwealth University School of Medicine for “Global65.” The competition was organized as part of GSA’s 65th anniversary celebrations. Participants were asked to incorporate the phrase “What does this global aging trend mean to me?” into the video in some way. To view the contest entries, visit www.youtube.com/group/65Global. Lopez’s video was the product of a collaborative effort with students on the 2009 Global Health and Aging Program. The grand prize was a free flight within the U.S. and $500; the runner-up received $300.
Election’s Outcome Makes Legislative Agenda Forecast Difficult

By the time you read this article, the post-midterm election drama will have died down somewhat, and we may have closed the curtain on a lame duck session. As researchers, academicians, educators, policy wonks, and practitioners, we often keep an arm’s length between our work and politics, except when it is time to vote. On the other hand, some of us may volunteer for a campaign or a political party, make contributions to candidates, put up yard signs, canvass, or work at the polls. Our reasons are personal, professional, or ideological. Whatever your degree of involvement, we all are committed on some level to improving the lives of older adults, and we act on that commitment differently.

In this article, I will share some information about what the recent elections may mean, and encourage your active participation in public policy over the next couple of years as many decisions will be made that will affect millions of older adults, as well as our professions.

The midterm elections resulted in the Democratic Party suffering a resounding defeat. In the U.S. House of Representatives, Republicans probably will have a 244-to-191 majority. The GOP’s historic gain of 60+ seats is the most in a midterm election since WWII under President Harry Truman.

The Democrats maintained a slim majority in the U.S. Senate at 53 to 47. In January 2011, the 112th Congress will welcome over a dozen freshman senators and nearly 100 new representatives.

In addition, Republicans gained eight governorships, which will impact the design and implementation of the new health care reform law, the Patient Protection and Affordable Care Act (PPACA). Several sitting and elected Republican governors have said they will block implementation of the law wherever possible.

Analysis of Election Results

The cable news pundits were in their glory on November 2, but a simplistic analysis will not tell the whole story, especially in light of the wild card Tea Party movement winners. The voters were voicing discontent with the economy and Washington’s response — and by association, the majority party in Congress, the Democrats. The voices also were expressing anger about helping rich stockbrokers on Wall Street, disbelief about the success of the recovery act, and fear of “ObamaCare.”

I urge you to turn to the analysis provided by the Center for American Progress (www.americanprogressaction.org), which I have summarized briefly here. Using exit polls, surveys, and voting records, the Center found that:

“Independent voters, white working-class voters, seniors, and men broke heavily against the Democrats due to the economy. Turnout levels were also unusually low among young and minority voters and unusually high among seniors, whites, and conservatives, thus contributing to a massively skewed midterm electorate. The Democrats therefore faced a predictable, and arguably unavoidable, convergence of forces. Incumbent Democrats suffered a genuine backlash of voter discontent due to a weak economy with considerable concerns about job creation, deep skepticism among independents, poor turnout among key base groups, and strong enthusiasm among energized conservatives.” (Source: www.americanprogressaction.org/issues/2010/11/election_analysis.html)

Health Care Reform

The turnout of older adults (age 65 and over) was extremely high: 23 percent compared with 16 percent in 2008 and 19 percent in 2006. Older adults’ support for Republicans this year was also extremely strong, with a whopping 21-point margin (59 percent Republican to 38 percent Democratic), compared with a 1-point margin for the Democrats in 2008 and a 1-point margin for the GOP in 2006.

It is difficult to determine how much of the high turnout and anti-Democrat votes were prompted by health care reform. Based on several analyses, it is safe to say that older adults still do not have a strong grasp of the improvements to Medicare and Medicaid in health care reform, and many still believe that “death panels” were or are in the law.

The Kaiser Family Foundation looked closely at the issue of health care reform after the election. The deciding factor mentioned most often was the economy/jobs (29 percent), followed by party (25 percent), and views of the candidate (21 percent), with health care placing fourth at 17 percent. Seventeen percent of seniors cited health care as the top deciding factor, which was the same percentage as the under-65 voting bloc. Health care reform remains a partisan position, with 68 percent of Democrats favoring it and 71 percent of Republicans holding an unfavorable view of it.

In response to a Kaiser question asking what should be done about the health care reform law, the responses were: “expand it”: 21 percent; “leave as is”: 19 percent; “repeal parts”: 25 percent; and “repeal all”: 21 percent. Among those wanting to repeal parts of the law, most favor repealing a Medicare payroll tax increase. Other suggestions include: “keep small business tax credits”: 68 percent; “keep prohibition on pre-existing condition denial”: 62 percent; “keep closing the ‘doughnut hole’”: 60 percent; “keep financial subsidies to help purchase coverage”: 55 percent; and “repeal the individual mandate”: 68 percent.

By GSA Policy Advisor Brian W. Lindberg, MMHS
What’s Next

The lame duck session started on November 15. The 111th Congress held party leadership contests in the House of Representatives and in the Senate. Representative John Boehner (R-OH) is poised to take the speaker of the house position when the new Congress convenes in January. Although Speaker Nancy Pelosi (D-CA) must surrender the gavel, she has been elected by the Democratic caucus to serve as minority leader next year. A struggle between Democratic Representatives Steny Hoyer (D-MD) and James Clyburn (D-SC) for the one minority whip post was resolved when Pelosi created a new post for Clyburn: assistant minority leader.

Because Republicans have taken control of the House, all House committee and subcommittee chairmanships will be handed over to Republicans. Also, with many new members of Congress taking their seats in January, committee seats overall may shift. The aging network lost valuable and hardworking members in Senator Arlen Specter (D-PA), Senator Blanche Lincoln (D-AR), and Representative Joe Sestak (D-PA).

Some committees of note include:

The House Energy and Commerce Committee, which has jurisdiction over Medicare, Medicaid, and Social Security. This committee’s leadership is precarious, as ranking Republican Joe Barton (R-TX) is still under fire from his party for publicly defending BP during the oil spill crisis. Barton also needs a waiver of the Republican term limit rules, and faces a challenge from Representatives Fred Upton (R-MI), John Shimkus (R-IL), and Cliff Stearns (R-FL).

The House Ways and Means Committee, which has jurisdiction over Medicare, Social Security, and parts of Medicaid: Representative Dave Camp (R-MI) currently serves as the ranking Republican on the committee and likely will take over as its chair. Representatives Wally Herger (R-CA) and Sam Johnson (R-TX) currently serve as the ranking Republicans on the Health and Social Security Subcommittees, respectively, and likely will take over as those subcommittees’ chairs.

The House Appropriations Committee, which controls funding for proposals in the PPACA, such as the Elder Justice Act: Representative Jerry Lewis (R-CA) likely will become chair of the committee, and Representative Denny Rehberg (R-MT) likely will chair the Appropriations Subcommittee on Labor, Health and Human Services, and Education. Lewis needs a term limit waiver as well.

The House Education and Labor Committee, which is scheduled to reauthorize the Older Americans Act in 2011: Representative John Kline (R-MN) serves as the ranking Republican on the committee and likely will take over as its chair. Representative Tom Price (R-GA) and Representative Todd “Russell” Platts (R-PA) likely will chair the Subcommittees on Health, Employment, Labor, and Pensions, and Healthy Families and Communities, respectively.

Senate Committees: Senate committee chairs likely will remain in their current posts, although Senator Orrin Hatch (R-UT) is likely to take over as ranking Republican on the Finance Committee, which has jurisdiction over Medicare, Medicaid, and Social Security. In terms of unsettled business, domestic spending, arms control, “don’t ask, don’t tell,” tax cut extensions, and Medicare physician payments are a few of the items still on the agenda. The Democrats have the power to keep lawmakers in Washington until the week after Christmas if they want to. (That could be problematic for outgoing members who gave up their offices December 1.)

A continuing resolution (CR) that funds the federal government ended on December 3. The Congress has the option to extend it as-is, extend it with some modifications, or not extend it, the last of which is equivalent to a government shut-down and is not likely. Rather than pass an omnibus spending bill, the Congress may pass a smaller version (which has necessitated coining a new term), a “minibus” that will appropriate FY2011 funds for some areas of the government and then extend the CR on everything else. It is not yet clear what areas would be included in a minibus or in amendments to a full CR.

The Bush-era tax cuts have been high on the agenda for the past few months. The Democrats have called for an extension of the middle-class tax cuts with the intention of allowing the cuts for families earning over $250,000 per year to expire. The Republicans have painted this as a massive tax hike that will harm the economy and have called for an extension of all the Bush-era tax cuts, not just an extension for those earning under $250,000 per year. In the days immediately following the election, both Senate Majority Leader Harry Reid (D-NV) and President Barack Obama made comments indicating that they are open to negotiation on the cuts. During the lame duck session, the Democrats may try to push through a one-year extension on all the cuts and revisit the issue next year.

The Medicare “doc fix” refers to Congress’s role to amend the Medicare Sustainable Growth Rate (SGR) that determines the annual physician fee schedule. In June 2010, Congress passed a 6-month extension of the existing SGR in order to prevent the scheduled 21 percent cut in Medicare payments to doctors. Without congressional action, the extension will expire during the lame duck.

Advocacy

There are several helpful and important steps GSA members can take right now to influence the direction of the new Congress. If you are in a district or state with a new representative or senator, introduce yourself (by e-mail, letter, or a visit to the district office). Let her or him know your area of expertise and interest and offer to be a resource. If you already have a relationship with an incumbent, be sure to contact her or him and let your feelings be known about issues of importance to you, be they funding for National Institutes of Health, the Older Americans Act, civic engagement, health care reform, Medicare, or Social Security. Visit GSA’s website at www.geron.org/policy-center/resource-center/advocacy to review policy basics. Also, visit the Leadership Council of Aging Organizations website at www.lcao.org for updates on legislative actions taken by this coalition of aging and health groups (including GSA). Please stay informed, active, and ready for an exciting ride!
ESPO Reflects on 2010 Accomplishments

ESPO has had a productive and exciting year! The ESPO Executive Committee, in collaboration with GSA and other dedicated ESPO members, has accomplished numerous tasks that illustrate the spirit of ESPO and its dedication to emerging gerontology scholars and professionals worldwide. As the year comes to a close, it is important that we take time to acknowledge and celebrate the following accomplishments:

Conference Success: ESPO recently experienced a successful GSA meeting in New Orleans. New ESPO officers were introduced at the ESPO Breakfast and Community Meeting. Congratulations to incoming Chair Natalie Leland, new Chair-Elect Chivon Mingo, Secretary Candace Brown, and Technology Chair Julie Brown. Congratulations also to the student paper award winners!

ESPO Handbook: A major goal that came to fruition this year was the development of the ESPO Handbook. The ESPO Handbook defines and explains everything a volunteer leader needs to know about ESPO; it was constructed with the goal to provide guidance, instruction, and continuity to ESPO officers, committee members, and task force members for years to come. Specifically, the Handbook provides individuals in active ESPO roles a clear understanding of their expectations and responsibilities. This is a dynamic document that will be revised from year-to-year.

Newsletter Task Force: This ESPO Task Force was created to assist the ESPO secretary in developing ideas for the ESPO column in Gerontology News. The primary goal of this task force was to ensure that monthly topics were relevant and timely for all ESPO members. Task Force members shared ideas for monthly topics and one task force member was a guest writer.

Campus Ambassador Task Force and Handbook: This ESPO Task Force was created to work on revitalizing the Campus Ambassador program. Sigma Phi Omega (SPO) groups were aware of gerontology in higher education.

Meet the Staff

Jackie Hajji

Jackie Hajji, a native of El Segundo, CA, joined the GSA staff in October 2010 as the director of meetings and education. She came to the organization after a 16-year tenure at the American Society of Consultant Pharmacists, where she held several positions — most recently as director of meetings and conventions. Hajji is a member of the American Society of Association Executives and the Professional Convention Management Association. She holds a Bachelor of Arts degree in psychology from the University of California, Los Angeles.

In her role at GSA, Hajji oversees GSA’s Annual Scientific Meeting as well as the Annual Meeting and Educational Leadership Conference of the Association for Gerontology in Higher Education (GSA’s educational branch). She coordinates all logistical aspects of these meetings, including exhibits, abstract submission and review, scheduling processes, continuing education, and contract negotiation with hotels and vendors. Additionally, she works closely with GSA’s Program Committee to develop the Annual Scientific Meeting program.
1945 and Beyond: GSA Embarks Upon an Ever-Expanding Mission

Things are usually in flux at GSA. Leadership changes annually. New people join and leave Council. Sessions at Annual Scientific Meetings generally showcase the latest paradigms, methods, and data rather than reanalyze and reframe yesterday’s compelling ideas.

Amidst such business and busyness, members can easily lose track of longstanding organizational principles and their rationale for decision-making. This is why GSA’s mission statements are important. A few well-crafted sentences serve to underscore essentials. Goals set objectives. Priorities shape critical thinking.

Aims enunciated in the Gerontological Society’s Certificate of Incorporation (1945) influenced the mission and objectives presently posted on our website. Over the past 65 years, GSA has been a resource that fires gerontological imaginations. Members have produced reliable, usable results worth sharing.

Initial goals and missions were not set in stone. New opportunities and exigencies altered priorities. Long-time staffer Carol Schutz guaranteed institutional memory. That GSA’s niche in the aging enterprise was secure enabled leaders to modify objectives, while reaffirming visions and revisions of a shared mission.

Creating and transmitting scientific knowledge has always been GSA’s raison d’être. Our founders wanted to “promote the scientific study of aging, in order to advance public health and mental hygiene, the science and art of medicine, and the cure of disease.” GSA invited serious, scientific-minded investigators to blaze frontiers of aging.

To stimulate exchanges, GSA’s charter called for “a common meeting ground for representation of the various scientific fields interested in such problems and those responsible for care and treatment of the aged.” Besides arranging annual meetings, GSA began publishing the Journal of Gerontology within a year of incorporation. Ideas mattered.

Over time, the breadth of disciplinary and professional backgrounds in GSA widened. Many members focused on processes of senescence as well as the mental and physical decrements in later years, which built on pioneers’ interests. Other researchers investigated health disparities and gender inequities.

Still others probed productive aging, successful aging, and vital aging. GSA’s mission statement changed accordingly.

Where does GSA stand now? “We foster collaboration between biologists, health professionals, and behavioral and social scientists,” the Society’s 65th anniversary materials declare. “We believe the intersection of research from diverse areas is the best way to achieve the greatest impact and promote healthy aging.”

GSA’s current mission updates its founding mission to accommodate a diverse membership. Scientific discoveries, the longevity revolution, and evolving federalism, among other things, also affect the context for doing gerontology. The marketplace of ideas creates a dazzling array of initiatives — often as tantalizing on fiscal grounds as for their congruence with mission.

GSA’s founders were a close-knit group. Mostly bio-medical researchers, they wanted to sustain scientific contacts that they forged with contributors to E. V. Cowdry’s “Problems of Ageing” (1939). An hourglass appeared on initial publications with the slogan, “To add life to years, not just years to life.” The 1945 bylaws created three sections — medical research, biological research, and a general section. Seven years later, the Society divided itself into four sections.

The current four-part division includes Biological Sciences, Health Sciences, Behavioral and Social Sciences, and Social Research, Policy, and Practice. (Students are invited to join GSA’s Emerging Scholar and Professional Organization.) While names change and constituent loyalties shift, GSA members can recognize the multidisciplinary pattern. Clinical Medicine claimed half the membership in 1946; nurses dominate the Health Sciences Section today.

In 1988, GSA President Barbara Silverstone, DSW, and members of her Council asserted in “A Challenge for Membership” that aging was “mainstream.” Silverstone and associates wished GSA to communicate information and findings to “public and private sector decision makers, the media, and other opinion makers, educators, and practitioners.” They wanted members to tackle current events such as intergenerational conflict/interdependence and population aging. Lest internal stresses overwhelm GSA’s multidisciplinarity, GSA sold T-shirts emblazoned “Rigor without Paradigmatic Chauvinism.”

“A Challenge for Membership” built on Executive Director Jack Cornman’s 1983 blueprint for “Thinking about organizational development,” which advocated sharp increases in membership and journal subscriptions. Council quailed at embracing Executive Director Paul Kerschner’s recommendation (1993) “to question conventional wisdom and have the courage to explore alternative paths” in envisioning “GSA: The Next Generation.” Incremental thinking prevails.

So our slogan today seeks common ground: “Research, Education, and Practice … Where it all comes together.” Risks taken pay off. The Society’s journals can be read online; GSA produces several e-Newsletters. The Association for Gerontology in Higher Education and the National Academy on an Aging Society share space with a funded project on geriatric social work.

At 65, GSA remains true to its founding vision by keeping abreast of the changing faces and facets of aging. Its mission and goals honor commitment to doing excellent research and disseminating useful knowledge.
Website Studies Healthy Seniors of Advanced Age
Albert Einstein College of Medicine of Yeshiva University has launched superagers.com, a new website that features the latest information on more than a decade of aging research. This online resource highlights the work of GSA member Nir Barzilai, MD, director of the Institute for Aging Research, and a team of researchers, coordinators, and volunteers who, in 1998, began a study of healthy elderly people between the ages of 95 and 112. The group was enrolled in a study called the Longevity Genes Project. That research has grown into the LonGenity Research Study, which focuses on examining the genes of the very old. To date, the LonGenity research team has enrolled more than 500 centenarians and near-centenarians, and more than 700 of their children. The new website features video profiles of remarkable centenarians and near-centenarians who are taking part in the study.

Brief Explores Transitional Care Model
In a new Commonwealth Fund issue brief, “Scaling Up: Bringing the Transitional Care Model into the Mainstream,” GSA member Mary Naylor, PhD, RN, and Julie Sochalski, PhD, RN, demonstrate how a highly effective innovation in care management for elderly, chronically ill people has begun to make the difficult leap from bench to bedside. Because many elderly, chronically ill people undergo frequent changes in their health status, they also experience frequent transitions in health care providers and care settings. As demonstrated in multiple trials funded by the National Institutes of Health, the Transitional Care Model (TCM), developed by a team at the University of Pennsylvania, uses both in-person contact and a nurse-led, interdisciplinary team approach to interrupt patterns of frequent re-hospitalizations seen among chronically ill patients. It also has been shown to improve patient health status and reduce costs. In their brief, Naylor and Sochalski describe two projects that identified the essential elements of effective care management interventions for this vulnerable population and the facilitators of translating the TCM into mainstream practice. Visit www.commonwealthfund.org/Publications/View-All.aspx to view the brief.

Long-Term Care Prices Rising Across the Country
Nursing home and assisted living rates rose significantly from 2009 to 2010, according to the “Market Survey of Long-Term Care Costs,” a new survey from the MetLife Mature Market Institute. Private room nursing home rates rose 4.6 percent to $229 per day or $83,585 per year, while assisted living rates rose 5.2 percent on average to $3,293 per month, or $39,516 per year. These increases come on top of increases from 2008 to 2009 when both nursing home and assisted living costs were up 3.3 percent. Costs for home health aides and adult day services were unchanged in the past year. Home health aide costs remain at an average price of $21 per hour, while adult day services costs are still $67 per day. The highest average daily rates for nursing homes continued to be in Alaska, where rates are now $687 for a private room and $610 for a semi-private room. Costs are lowest in Louisiana, outside the Baton Rouge and Shreveport areas, at an average of $138 per day for a private room. For assisted living, the Washington, DC, area had the highest average monthly base rate at $5,231, while Arkansas, outside of the Little Rock area, had the lowest average monthly rate of $2,073. The “Market Survey of Long-Term Care Costs” can be downloaded from www.maturemarketinstitute.com.

Website Provides Oral Health Information for Seniors
A new online resource, located at www.getmouthpower.org, is a compelling new web resource for seniors age 50 and over to learn about oral health issues specific to their age group. Created by the National Museum of Dentistry with the support of Colgate-Palmolive, this user-friendly, interactive website includes comprehensive and quality oral health information that can serve as a personal health resource or be shared with family and friends with easy-to-use online sharing tools. The site includes informative oral health tips for older adults, including an exploration of how the adult mouth is changing and what to do about it, a special look at unique nutritional issues as people age, and an exploration of the connection between the mouth and the body.

JAHA Ceases Publication
Publisher Taylor & Francis will discontinue the Journal of Aging, Humanities, and the Arts (JAHA) after completion of volume four at the end of 2010. Economic conditions prevent this journal’s continued publication at the present time.

“This is an unfortunate event given that GSA supported publication of this journal in order to affirm the value and importance, of aging, humanities, and the arts within our multidisciplinary society. It is not a reflection of the work being accomplished in this area,” said GSA Publications Committee Chair Thomas Hess, PhD. “We certainly appreciate the hard work of Co Editors Dana Bradley and Anne Wyatt Brown, the engaged editorial board, and dedicated authors who published their works in the journal.”

GSA subscribers will receive four full issues in the complete 2010 volume, and claims questions can be directed to labelfiles@taylorandfrancis.com. In order to accommodate a number of accepted papers, Taylor & Francis has agreed to publish the final issue of the journal as a double issue.

The leadership of the Humanities and The Arts Committee will be initiating a dialog with the GSA Publications Committee to determine what opportunities may exist to include some of the scholarly content formerly published in JAHA in other GSA Journals.
New Award Recognizes Intergenerational Endeavors

In 2011, The Eisner Foundation will award the inaugural Eisner Prize and is currently soliciting nominations of individuals or non-profit organizations from across the U.S. for this prestigious honor. The Eisner Prize offers a cash award of $100,000 and is designed to recognize excellence by an individual or a non-profit organization in uniting multiple generations, especially seniors and youth, to bring about positive and lasting changes in their community. Potential examples could include a senior center and preschool housed in the same building and sharing a staff for maximum benefits for all; a program in which youngsters teach homebound seniors about online social networking in an effort to reduce the seniors’ feelings of isolation; a community development program in which high-school kids and retirees work side-by-side to repair and build houses; or an academic who has published a thought-provoking study delineating the mutual self-interests between aging baby boomers and first-generation immigrant children. Nominations will be accepted until January 31, 2011. For more information, visit www.eisnerfoundation.org/eisnerprize.

NIH Funds Can Advance Exceptional Junior Scientists’ Careers

The National Institutes of Health (NIH) Common Fund is welcoming applications for the highly selective NIH Director’s Early Independence Award Program. This funding opportunity provides a mechanism for exceptional, early career scientists who are U.S. citizens or permanent residents to omit traditional post-doctoral training and move into independent academic positions at U.S. institutions directly upon completion of their graduate degrees. The NIH expects to issue 10 awards through this program in fall 2011. Early Independence Awards are targeted to exceptional junior investigators with the intellect, scientific creativity, drive, and maturity to flourish independently without the need for traditional post-doctoral training. Early Independence Award projects will receive up to $250,000 in direct costs each year for up to five years. Junior scientists may identify a host institution and contact them directly to negotiate a position. Alternatively, institutions actively may recruit exceptional junior scientists to apply for these positions. In either case, the institution must be willing to nurture the investigator as an independent researcher, including the provision of independent lab space. An institution may elect to host an applicant for this program with the commitment to a position being contingent upon receipt of the award. These awards will be very selective, and each institution may only submit two applications. The deadline for submitting Early Independence Award applications is January 21, 2011. Letters of Intent are due December 21, 2010. Further information is available at commonfund.nih.gov/earlyindependence.

Retirement Fellowship To Support Doctoral Students’ Research

The Center for Retirement Research at Boston College is accepting proposals for the Dissertation Fellowship Program in Retirement Income and Disability Insurance Research. The program is funded by the U.S. Social Security Administration and provides funding opportunities for doctoral candidates to pursue cutting-edge research on retirement issues. Up to seven fellowships of $28,000 will be awarded to doctoral candidates enrolled in an accredited program at a U.S. university. The submission deadline for the 2011 Dissertation Fellowship Grant Program is January 28, 2011. Visit crr.bc.edu/ opportunities/dissertation_fellowship_program.html for complete details.

Federal Monies Slated for Monitoring Technology

The National Institute of Biomedical Imaging and Bioengineering, National Institute on Aging, Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the Office of Research on Women’s Health currently are welcoming grant applications for research and development of technologies that monitor health or deliver care in real-time, accessible, effective, and minimally obtrusive ways. These systems are expected to integrate, process, analyze, communicate, and present data so that the individuals are engaged and empowered in their own healthcare with reduced burden to care providers. Applications are due January 19, 2011. For further information, visit grants.nih.gov/grants/guide/pa-files/PAR-11-020.html.

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Continued from page 1 - New Civic Engagement Resource Spotlights Boomers, Seniors

engagement, and evidence gathered from program innovations and required by policymakers. Jeffrey A. Burr, PhD, profiles the current state of older adult civic engagement — identifying how older adults are involved and estimating the direct and indirect value of their societal contributions. Morrow-Howell summarizes the effects of civic engagement on older adults, and points to future research directions. In the final chapter, Robert B. Hudson, PhD, presents a critical perspective of later life civic engagement, citing questions about the role, purpose, and inclusiveness of the elder civic engagement movement.

“This integrative scholarship helps to advance a growing paradigm shift that views older adults not just as passive recipients of care, but also as people who do and can contribute to the well-being of others,” said Greenfield. “The publication’s service as a ‘go to’ source of previous work and contemporary insights will be helpful to many who are now working in the area of civic engagement in later life.”

The subject of civic engagement among America’s seniors has received increasingly widespread attention. In his first 100 days in the White House, President Barack Obama signed into law the Edward M. Kennedy Serve America Act of 2009 — the largest expansion of national service programs since the Depression-era Civilian Conservation Corps. The Act included several provisions that specifically benefit midlife and older adults.

“Civic Engagement in an Older America” can be purchased from the Online Store at www.geron.org. Electronic versions of individual chapters also are available for download.
When it comes to health care, you shouldn’t have to fend for yourself.

Nine out of 10 older Americans suffer from at least one chronic health condition, like diabetes, heart disease, arthritis or Alzheimer’s disease.

Unfortunately, the daunting task of care coordination falls on patients and their families.

It’s hard enough to do this when you’re healthy, and nearly impossible when you are dealing with multiple problems or facing a health crisis.

There is a better way. The Campaign for Better Care is working hard to ensure health reform is implemented effectively so that our nation’s new health care system focuses on what’s best for patients and their families.

We get it – you’re not on your own. Join us today.

Better coordination means better care.

The Campaign for Better Care is led by the National Partnership for Women & Families, Community Catalyst, and the National Health Law Program and funded by The Atlantic Philanthropies.
Prestigious Hartford Grants Bolster Awardees’ Social Work Research

Eight outstanding students have been chosen as the newest recipients of the prestigious Hartford Doctoral Fellowship in geriatric social work. The program is funded by the John A. Hartford Foundation, administered by The Gerontological Society of America, and directed by James Lubben, DSW, MPH.

Each of the Hartford Doctoral Fellows receives a $50,000 dissertation grant plus $20,000 in matching support from their home institutions, which enables recipients to more fully concentrate on their dissertation research projects over the next two years. Fellows also receive supplemental academic career guidance and mentoring, as well as professional development enabling them to more successfully launch an academic career in gerontology and social work.

The fellowship program is a component of the nationwide Geriatric Social Work Initiative, which seeks to expand the training of social workers in order to improve the health and well being of older persons and their families. It was created to help social work doctoral students overcome their greatest obstacles, such as limited teacher training and career guidance. These fellowships cultivate the next generation of geriatric social work faculty as teachers, role models and mentors for future generations of geriatric social workers.

Lubben, the Louise McMahon Ahearn University Chair at Boston College and a professor emeritus at UCLA, works together with a national program committee to select the Fellows. This year’s committee consists of Mercedes Bern-Klug, PhD, of the University of Iowa; Iris Chi, DSW, of the University of Southern California; Namkee Choi, PhD, of the University of Texas at Austin; Ruth Dunkle, PhD, of the University of Michigan; Grover Gilmore, PhD, of Case Western University; Jan Greenberg, PhD, of the University of Wisconsin-Madison; Nancy Morrow-Howell, PhD, of Washington University in St. Louis; Holly Nelson-Becker, PhD, of the University of Kansas; and Deborah Waldrop, PhD, of the State University of New York at Buffalo. Ad hoc members include Barbara Berkman, DSW, PhD, of Columbia University and the Hartford Faculty Scholars Program, and Carmen Morano, PhD, of Hunter College and the Hartford Pre-Dissertation Award Program.

Troy Christian Andersen • University of Utah
Dissertation Topic: Proactive Dementia Care: A Pilot Study of Social Work and Health Education Interventions with Mild Dementia and Their Care Providers

Louanne Bakk • Michigan State University
Dissertation Topic: Gender and Racial Disparities in Cost-Related Medication Non-Adherence: The Effect of Medicare Part-D and Factors Impacting Compliance Among Older Women and Blacks

Melissa Brown • Boston College
Dissertation Topic: The Work-Eldercare Interface: Workplace Flexibility and Well-Being Among Family Caregivers of Older Adults

Tamara J. Cadet • Simmons College
Dissertation Topic: Exploring Psychosocial Factors and Cancer Screening: A Comparison of Older Hispanic and Non-Hispanic White Women

Ernest Gonzales • Washington University in St. Louis
Dissertation Topic: Re-Entering the Workforce After Retirement

Daniel Kaplan • Columbia University

Lydia Ogden • Columbia University
Dissertation Topic: Surviving Cumulative Adversities: Understanding the Experiences of Older Adults with Schizophrenia through Life History Narrative Analysis

Tam Elisabeth Perry • University of Michigan
Dissertation Topic: Leaving Home in Late Life: Negotiating Moves Among Older Adults and Their Networks in the Mid-Western United States

Continued from page 1 - New Report Ties Diabetes to Shortened Life Expectancy

percent in 2008, and from 22 percent of non-Hispanic blacks in 1998 to 32 percent in 2008.

The report, “Profiles of an Aging Society: Diabetes,” was released to coincide with National Diabetes Awareness Month in November. It also found that, compared to older adults without diabetes, those with the disease are less likely to be employed and more likely to have other health problems, such as heart disease, depression, and disabilities that interfere with normal life activities.

The analysis was conducted by Scott M. Lynch, PhD, of the Office of Population Research at Princeton University — using HRS data collected biannually from 1998 through 2008, which included information from more than 20,000 adults over age 50 in 1998.

Diabetes currently afflicts 7.8 percent of the total U.S. population — 23.6 million people, including 5.7 million undiagnosed — but almost a quarter (23.1 percent) of individuals age 60 or older (12.2 million people). By 2034, 44.1 million Americans, including 14.6 million Medicare-eligible individuals, are expected to have diabetes. Annual diabetes-related spending is expected to rise as well, reaching $336 billion in 2034 — almost triple the amount researchers estimate was spent in 2009. For example, diabetes-related Medicare spending is expected to rise from $45 billion in 2009 to $171 billion in 2034.

“Profiles of an Aging Society: Diabetes” also can be purchased through the Online Store at www.geron.org.
2011 SUMMER INSTITUTE ON AGING RESEARCH ANNUAL WORKSHOP

The National Institute on Aging (NIA) announces the annual Summer Institute on Aging Research, a weeklong workshop for investigators new to aging research, focused on current issues, research methodologies and funding opportunities. It is the original and premier short-term training Summer Institute for new investigators in aging research. The program includes consultations on the development of research interests. The 2011 Summer Institute will be held July 9 - 15 in Queenstown, MD. Support is available for travel and living expenses. Applications are due March 4, 2011. To increase the diversity of participants, investigators from racially and ethnically diverse backgrounds are strongly encouraged to apply. The applicant must be a U.S. citizen, non-citizen national or permanent resident.

For additional information and application form contact:

Office of the Director
Office of Special Populations
National Institute on Aging
National Institutes of Health
Building 31, Room 3C-35
31 Center Drive MSC-2292
Bethesda, Maryland 20892-2292
Telephone: (301) 496-0765
Fax: (301) 496-2525
E-Mail: Taylor_Harden@nih.gov

Or

See the “News and Events - What’s New” section of the NIA WEB Page
WEB SITE: http://www.nia.nih.gov

National Institute on Aging
National Institutes of Health

2011 SUMMER INSTITUTE ON AGING RESEARCH ANNUAL WORKSHOP
Western University Expands Training Efforts
Two Western University of Health Sciences programs have received federal funding to further geriatric training and education. The school’s Interprofessional Education (IPE) program and the College of Pharmacy received approximately $150,000 in Health Resources and Services Administration funding as a subcontract from the California Geriatric Education Center at the University of California, Los Angeles. The Department of Interprofessional Education will develop, evaluate and disseminate a team-based interprofessional training course. The College of Pharmacy will provide continuing education classes for geriatric pharmacists. IPE is funded for five years to develop, pilot, implement, evaluate, and disseminate the results of geriatric-focused interprofessional activity.

Widener Welcomes Sexuality Consortium
The Sexuality and Aging Consortium is now affiliated with Widener University’s Graduate Programs in Human Sexuality offered through the Center for Education. The Consortium is comprised of approximately 20 members from throughout the country who provide education, consulting, and counseling to individuals, couples, and caregivers. Consulting and in-service training are delivered to caregivers and professionals who work with older adults. The Consortium sees its educational outreach as a means for advocating on behalf of the aging population. In an era with quickly rising numbers of older adults, ageism is a significant concern that leads older adults to feel ignored or patronized. This is especially true when a sexually interested adult is derided, or when personnel in long-term care facilities ignore residents’ rights to privacy and intimacy. Lesbian, gay, bisexual, and transgender adults face additional prejudice and often feel compelled to hide their orientation from caretakers.

Ashford Adds Adult Development Degree
Bridgepoint Education, Inc., a provider of post-secondary education services, has announced that Ashford University has created a new Bachelor of Arts degree program in adult development. This targeted degree will be the foundation of many careers that support America’s growing adult population, applicable to industries such as health care, social services, public administration, legal representation, and law enforcement. The adult development degree also can be specialized for gerontology, training and development, teaching, workforce services, or health studies. Through the program’s courses, students will be able to focus on the growing adult-specific demands on the public and private sectors, including education, health and human services, counseling, social work, psychology, career services, legal representation, law enforcement, sociology, and public administration. Ashford University’s Bachelor of Arts in adult development is currently available online.

Grant Advances Mobile Tracking Technology
The James and Esther King Biomedical Research Program has awarded the University of Miami Miller School of Medicine Geriatrics Institute a $100,000 grant for a year-long study on the impact of GenerationOne’s Mobile Heath Solution on heart failure patients. GenerationOne is a company that offers round-the-clock automated patient tracking, with real-time collection and instantaneous analysis of health data via regular cell phones. Clinicians and caretakers are notified at the first sign of trouble and can intervene quickly and efficiently. GenerationOne patients, who receive regular reminders and input information, tend to comply better with prescribed therapies and make superior lifestyle choices. The study will be administered by Miller School of Medicine in conjunction with the Miami Veterans Affairs Medical Center, and participants will be recruited from both inpatients and clinic patients at several University of Miami Miller School of Medicine primary care and heart failure clinical sites. The grant also will aid in the understanding of GenerationOne’s Mobile Health Solution as a prototype for mobile collaborative chronic disease management.

Federal Funds To Enhance Virginia’s Care Training Efforts
Eastern Virginia Medical School (EVMS) has received a federal grant to work with two other medical schools to train health providers in elder care. The U.S. Health Resources and Services administration gave the Norfolk-based school a $228,000 grant for a five-year collaboration with Virginia Commonwealth University (VCU) and the University of Virginia. The schools will work to develop the curriculum for the Virginia Geriatric Education Center, which will be based at VCU in Richmond. Physicians and psychology and physician-assistant trainees at EVMS will participate in the program, along with students from the Old Dominion University School of Nursing, the Norfolk State University Ethelyn R. Strong School of Social Work, and other community partners.
Living the Old Age We Imagine: Higher Education in an Aging Society

March 17 - 20, 2011 I Hilton Cincinnati Netherland Plaza I Cincinnati, Ohio

The AGHE Annual Meeting and Educational Leadership Conference is the premier national forum for discussing ideas and issues in gerontological and geriatric education. Educators, clinicians, administrators, researchers, and students share their experiences, expertise, and innovations regarding teaching and learning about aging and older persons.

Registration opens this December. Visit www.aghe.org/am for more information.
China Feels Impact of Aging Population’s Needs
At its most recent conference, the Gerontological Society of China (GSC) revealed that China now has more than 15 million elderly residents who need long-term care, and the number is still growing rapidly. The GSC held the National Elder Care Services Forum in Changxing County, Zhejiang Province, a coastal province of eastern China, on October 25 and 26. Approximately 400 scholars in gerontology and executives of aging-focused institutions from 27 provinces and cities nationwide attended the forum. According to statistics presented at the forum, the number of Chinese people at the age of 60 or above reached 167 million in 2010, accounting for nearly 13 percent of China’s total population.

Montreal Scraps GPS Tracking for Cognitively Impaired
According to an article in the Montreal Gazette, the Montreal police department has shelved a long-awaited project that would have given GPS bracelets to people suffering from Alzheimer's disease or other conditions that put them at risk of going missing. The police initiative was launched last year after two high-profile cases in which women with cognitive disease left their homes, became disoriented and whose bodies were discovered days later, frozen in snow. Statistics compiled by the Alzheimer Society indicate that a person with Alzheimer’s runs a 50 percent risk of death or injury if not found within the first 12 hours after disappearing.

English Men Make Gains in life Expectancy
Life expectancy for men in England has risen by almost three years over the past decade, according to an article in The Guardian. The improvement means boys born in England between 2007 and 2009 can expect to reach the age of 78, while girls are likely to live just past their 82nd birthdays — a difference of four years. Almost 10 years ago, the gap in life expectancy was nearly five years, with boys expecting to live to age 75.3 while girls were likely to reach age 80.1. The statistics, reported by the U.K. Department of Health, show male life expectancy has increased by 3.7 percent, compared with a 2.5 percent increase for females. Mortality rates in England also fell from 2007 to 2009 by more than 22 percent in men and almost 18 percent in women. The figures showed that fewer people under the age of 75 died from cancer between 2007 and 2009 than 10 years ago, while the number of deaths from circulatory diseases, including strokes, was almost halved in both men and women. The rate of death from circulatory diseases among women was less than half that for men, falling to 43.2 per 100,000, compared with 99.4 per 100,000 for males.
LET PEOPLE KNOW THAT YOU ARE A LEADER IN YOUR FIELD!

Be Recognized: Become a GSA Fellow

Recognize those members who have made major contributions to our field by nominating them for fellowship in The Gerontological Society of America. Honor those who have enriched our field with their leadership in research, education, and practice.

To apply, candidates need to:

- Be nominated by a current GSA Fellow of the candidate’s section; self nominations are no longer accepted;
- Be a Regular GSA Member for a minimum of 5 years;
- Adhere to specified requirements made by each Section (please see application for complete listing of requirements);
- Get an endorsement from ONE other Fellow of the sponsoring Section besides the nominating Fellow (both must be members in good standing);
- Submit an ORIGINAL application;
- Submit an ORIGINAL C.V.

Nominations accepted until February 1st.
Nominations MUST be submitted electronically. Please visit www.geron.org/Membership/Fellows for details.

For the past 65 years, GSA has been committed to providing resources and opportunities for its members. Looking towards the future, GSA is proud to continue supporting its members and providing a home for all gerontologists worldwide.

Celebrating 65 years of excellence, GSA is stronger than ever.

To commemorate the organization’s 65th anniversary, the Give65 Campaign, a landmark fundraising initiative, has been launched. Learn more at www.geron.org/give65.