2012 Call for Abstracts Issued
This month, GSA will begin accepting abstracts for its 65th Annual Scientific Meeting, taking place from Wednesday, November 14, to Sunday, November 18, 2012, in San Diego, CA. The Call for Abstracts is currently available online at www.geron.org/abstracts and the meeting theme is "Charting New Frontiers in Aging." Mark your calendars now!

AGHE Meeting Registration Opens
The Association for Gerontology in Higher Education (AGHE), GSA’s educational branch, is now accepting registrations for its 38th Annual Meeting and Educational Leadership Conference — taking place from February 23 to 26, 2012 in Arlington, VA. The chosen theme is “Engaging Aging in Higher Education.” This is the premier national forum for the discussion of issues in gerontological and geriatric education. Visit www.aghe.org for more details.

GSA’s New President Shares 2012 Vision
I am honored to serve as your president and look forward to working together to shape a stimulating and productive year. This is an important time for GSA — the challenges and opportunities of an aging society are front and center in the popular media and in policy debates roiling Washington and our state capitols. Too often, these discussions lack truly informed understanding.

We need to make sure that the voices of science and scholarly insight are heard. To that end, the theme for the 2012 annual meeting in San Diego is “Charting New Frontiers in Aging.” In selecting this theme, we wanted to create a forum for highlighting past contributions and breakthroughs in research and new approaches that are generating practical solutions to longstanding challenges that our nation is only now considering. Writ large, we want the meeting to create a kind of public map — pointing us in hopeful directions, identifying the best routes along the way, and describing exciting, reachable destinations toward a society that is better for older people and people of all ages.

Charting also implies connections — within and across disciplines, professions, individuals, cohorts, generations, systems, environments, cultures and nations. By making these connections, we move beyond our personal insights and investigations to seek a deeper and more grounded understanding of aging and its implications. In preparing abstract submissions for this meeting, therefore, consider the impact of your work on our scientific and scholarly understanding of aging and how this knowledge can affect people, families, and communities. Individual and population aging are shaped by a mixture of everyday influences, experienced in different ways. Be thought-provoking and explore new frontiers in how this new knowledge can be translated into needed interventions, practices and policies.

For more than six decades, GSA and its members have expanded the quality and quantity of gerontological research, disseminating new insights to researchers, practitioners, and opinion

New Reports Lay Foundation for Relieving Seniors’ Pain
The pain suffered by older adults is the shared focus of the two newest entries in GSA’s From Publication to Practice series. Together they address both pain management and new labeling changes for one of the most popular pain medications, acetaminophen. Both issues, which are being mailed to GSA members in early December, aim to provide readers with information on how new advances in pain prevention, treatment, and management may improve care and quality of life for older adults.

The From Publication to Practice series was launched last year to promote the translation of research into meaningful health outcomes.

“Taken together, these two new resources will enable the gerontological community to identify opportunities to improve pain management services,” said Cathy Alessi, MD,
From the Executive Director

Members’ Dedication Is GSA’s Greatest Asset

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

As the Society reaches the end of another productive year, we at GSA headquarters had a lot to be thankful for this Thanksgiving. You, the GSA membership, were at the top of our list. You played a very important part in contributing to the Society’s 2011 successes, and I want to share my appreciation.

GSA’s volunteer leaders (including those from the Association for Gerontology in Higher Education and the National Academy on an Aging Society) deserve a great deal of recognition. Among them are our elected officers, committee and task force chairs, interest group conveners, journal editors and reviewers, and the Annual Scientific Meeting planners and reviewers. I would like to express my particular gratitude to outgoing GSA President Donald Ingram, PhD, for his service.

I also must acknowledge those who planned and participated in our Annual Scientific Meeting in Boston. This newsletter is being printed just as the meeting starts, but it looks like we’ll have a very successful event. We had a 14 percent increase in abstract submissions over last year — resulting in a competitive acceptance process — and we have well over 3,000 pre-registrants. As we look ahead, I also hope you can join us next year in San Diego; the call for abstracts is now up at www.geron.org/abstracts.

GSA’s journals, too, had a successful year thanks to numerous authors and editorial staffers. The value of these contributions was reflected in the high impact factors that were reported this summer. The Journal Citation Reports: Social Sciences Edition — the Thompson Reuters publication that issues the rankings every year — listed the Journals of Gerontology Series A as the number one journal in the gerontology category. The Journals of Gerontology Series B and The Gerontologist were both in the top eight.

Time and service weren’t the only member contributions that propelled our Society forward this year. I am very grateful to everyone who donated to GSA’s Innovation Fund or one of our other section or award funds. The Innovation Fund, now in its second year, is used to develop new products, programs, and services for members. In 2011, your gifts have supported an interactive webinar with National Institute on Aging Director Richard Hodes, MD; GSA’s Take Action Week, which let members make their voices heard in Congress and included an advocacy training webinar; grants to institutions to support Careers in Aging Week activities; and a webinar on designing effective annual meeting poster presentations.

Through the Innovation Fund, you invested in GSA and, in turn, GSA will continue to enhance your membership experience. Please be aware that these contributions are tax-deductible. Therefore, at this time of year when many people make donations to worthy causes, please consider continuing your support for GSA. The Innovation Fund enables us to be flexible, responsive, and future-focused.

We acknowledged all 2011 contributors in Boston and we’ll do so again in Gerontology News.

Lastly, I would like to remind members that you, too, have an opportunity to show appreciation for your colleagues within the GSA community — by nominating them to become GSA fellows. This is our highest category of membership and recognizes outstanding work in the field. See page 14 for further details!

Please enjoy a safe and happy holiday season. We look forward to serving you in the new year.

Sincerely,

James

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New Publications by Members

• “Rural Caregiving in the United States,” edited by Ronda C. Talley, Kathleen Chwalisz, and Kathleen C. Buckwalter. Published by Springer Publishing.
• “The Demography and Epidemiology of Human Health and Aging,” by Jacob S. Siegel. Published by Springer Science + Business Media.

Members in the News

• GSA Fellow Neena Chappell, DrPH, was recently cited in an article in The Globe and Mail regarding the rapidly growing number of older people living with chronic illnesses and the consequent ramifications on many public policies. She is a member of Geriatric Health and Aging Research.
• GSA Fellow Ruth Campbell, MSW, was referenced in a recent article in The Christian Science Monitor. Campbell studied what happened to older people in temporary housing after the Kobe earthquake and provided insight into the long-term care needs of the area.
• GSA Fellow Eric Kingson, PhD, and GSA member John M. Cormann recently authored an op-ed in the Houston Chronicle. The piece addressed current arguments supporting cuts to Social Security.
• A recent UPI wire story reported on a new study by James S. Goodwin, MD, in the Houston Chronicle. The piece addressed current arguments supporting cuts to Social Security.

Member Spotlight

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

**Neal Cutler, PhD**
Visit www.geron.org/Membership/member-spotlight to ask questions and read previous interviews.

Colleague Connection

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

**Marcia G. Ory, PhD**
The recipient, who became eligible after referring new member Cindy Quinn, 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.

Noelker Inducted into Ohio Women’s Hall of Fame

GSA Fellow Linda S. Noelker, PhD, was inducted to the Ohio Women’s Hall of Fame in August. This honor recognizes Ohio women with outstanding contributions, accomplishments, commitments, excellence, and service to others. Noelker currently works for the Benjamin Rose Institute as the senior vice president of planning and organizational resources and director of the Katz Policy Institute. She also is an adjunct full professor of sociology at Case Western Reserve University. She previously served as chair of GSA’s Behavioral and Social Sciences Section and as the editor-in-chief of The Gerontologist.

Grantmakers in Aging Names Feather CEO

John Feather, PhD, has become Grantmakers In Aging’s (GIA) new Chief Executive Officer. GIA is an association of funders committed to improving the experience of aging in America. Feather has extensive experience in aging and philanthropy, most recently as CEO of the American Society of Consultant Pharmacists. Prior to that role, he was executive director of the AARP Andrus Foundation. Earlier in his career, he served as a clinical associate professor of medicine in the Division of Geriatrics and Gerontology at the State University of New York at Buffalo.

Aldwin Receives 2011 Developmental Health Award

GSA Fellow Carolyn M. Aldwin, PhD, was the recipient of the 2011 Developmental Health Award, sponsored by the American Psychological Association’s (APA) Aging and Health Committee. She received the award at the APA annual convention in August. The title of Aldwin’s invited address was, “Cutting Edge Issues in Stress, Health, and Aging Research.” This biennial award, established in 1996, is given to recognize individuals for their scholarly contributions to health and aging. The Aging and Health Committee consists of individuals who are members of the APA’s Health Psychology Division and/or Division on Adult Development and Aging and whose scholarly interests bridge those of the two divisions. Aldwin is currently a professor of human development and family sciences at Oregon State University.

Duke Honors Cohen

The Duke Medical Alumni Association has honored former GSA President Harvey J. Cohen, MD, with a Distinguished Alumnus Award. Each year the association recognizes several distinguished alumni and faculty during Medical Alumni Weekend. Cohen helped establish Duke’s Division of Geriatrics in the 1970s and currently directs the Duke Center for the Study of Aging and Human Development. He is widely regarded as one of the world’s leading experts in geriatric oncology. He also established Duke’s fellowship program in geriatric medicine. During more than 40 years on the Duke faculty, he has served as interim chair and chair of the Department of Medicine, founding chief of the Division of Geriatrics, and director of the Durham Veterans Affairs Geriatric Research, Education, and Clinical Center. He also directs Duke’s Claude D. Pepper Older American Independence Center — a National Institutes of Health-funded all-university program focused on improving the functional independence of older adults. In addition to GSA, Cohen also has served as president of the American Geriatrics Society and International Society of Geriatric Oncology, and he chaired the Board of Scientific Counselors of the National Institute on Aging. He currently serves as chair of the Observational Study Monitoring Board for the National Heart, Lung, and Blood Institute’s Women’s Health Initiative and chair of the Cancer in the Elderly Committee for the Cancer and Acute Leukemia Group B.
CLASS Post-Mortem Offers Guidance for Future Long-Term Care Insurance Prospects

On October 14, the secretary of the Department of Health and Human Services (HHS), Kathleen Sebelius, nailed the coffin closed on the CLASS Act, although she has said for now that it is “suspended.” The unfortunate truth is that bringing it back to life would take a very different political climate. CLASS, which stands for Community Living Assistance Services and Supports, was arguably one of the most innovative and controversial elements of a controversial piece of legislation, the Patient Protection and Affordable Care Act (aka the ACA or health care reform).

The CLASS Act was first introduced by the late Senator Ted Kennedy (D-MA) and Representative Frank Pallone (D-NJ) in 2009. The idea of creating a government-run long-term care insurance program had merit, and there were beneficial and workable aspects to CLASS as written (e.g., the emphasis on home- and community-based care), but as so many politicians and pundits like to say to dismiss challenges, “the devil is in the details.” HHS was required by the law to ensure that the program be actuarially sound for 75 years. The secretary found herself in a conundrum: she had the task of implementing the program be actuarially sound for 75 years. The secretary found herself in a conundrum: she had the task of implementing the program but not the legal or regulatory authority to change the act to make it work.

“We have been looking at twin objectives, achieving actuarial soundness over a 75-year period, as well as being legally solvent, supported by the law,” said Kathy Greenlee, assistant secretary for aging at HHS and Sebelius’s hand-picked manager of CLASS.

“We found some tension between those two objectives. The things we could do to achieve actuarial soundness take us too far from the law.”

The New York Times reported that “Sebelius noted that the premiums consumers would have to pay to join the plan ranged from $235 to $391 a month and perhaps as high as $3,000 under some scenarios. That was such a steep outlay that they might not enroll, causing the program to fall apart.” According to a 2009 study by Avalere Health, a research and consulting firm, and the Kaiser Family Foundation, a 60-year-old might pay $200 a month for a policy that pays $150 a day for a maximum of three years in the private long-term care insurance market. Under CLASS, the benefit would be $50 to $75 per day for as long as the long-term care is needed.

Although there were signs for months that CLASS was in major trouble, the news of its demise was met with outrage and frustration by some of its supporters. “CLASS has not been cancelled; it simply stands in recess,” said Representative Henry Waxman (D-CA). He is the ranking member of the Energy and Commerce Committee, which oversees HHS.

“I, personally, and many of us, do not agree with your decision to put this on hold,” Pallone told HHS officials at a hearing he co-chaired as ranking Democratic member of the Subcommittee on Health of the Energy and Commerce Committee. Both Pallone and veteran legislator John Dingell (D-MI) are big supporters of CLASS, but with Kennedy gone, there is no champion strong enough to protect it against the tide of opposition or secure a legislative fix.

Reaction to Secretary Sebelius’s announcement has been partisan and, well, gleeeful. One lawmaker called CLASS a Ponzi scheme; others quickly demanded its repeal. Senator John Thune (R-SD) said that the CLASS Act’s inclusion in the ACA was a “gimmick.” Senator Jay Rockefeller (D-WV) rejected Thune’s repeal effort, saying that Congress should spend its time addressing the real problems presented by long-term care. Senator John McCain (R-AZ) said, “One would wonder why we wouldn’t just go ahead and repeal it, and if there is a better proposal to address the long-term care problem in America, then why don’t we sit down at the drawing board?”

Many people who oppose health care reform are citing the CLASS Act’s flaws and failure as reasons to repeal the entire ACA. But trying to link CLASS’s flaws to the ACA does not necessarily follow. CLASS’s flaw is precisely why the ACA has sustainability: the mandate. CLASS was a voluntary program, destined to low enrollment with a high percentage of sick and older enrollees most likely to use long-term care. The ACA’s individual mandate requires a greater enrollment of all levels of health, which should even out the enrolled population.

Republicans or conservatives may be gleeeful about CLASS’s demise, but the fact remains that our aging citizenry needs long-term care.

“The numbers are clear. We’re going to have a tidal wave of baby boomers retiring; some will become seriously disabled in the coming years, and they will have little option but to move into nursing homes or other long-term venues that are very costly. They may well spend down their assets and that will cost a bundle for the federal government through Medicaid,” pointed out Susan Dentzer, editor-in-chief of the policy journal Health Affairs. “So we’ll spend more money and we’ll have lots of unhappy, disabled people. Clearly as a nation, we have to figure out a different approach … we might see some creativity in terms of building a market for private long-term care insurance. But one is hard-pressed to see what that might be.”
Can/Will CLASS Be Revived?

As stated above, the problem of people needing long-term care services is not going to go away and, in fact, will only intensify as the tsunami of aging boomers strikes our shores, or in this case, nursing home doors. The Obama Administration says that it remains “committed” to the program. This is a safe and ambiguous comment. Any health policy analyst worth her or his salt should be committed to addressing the desperate need for long-term care services in this country. We can continue to try actively to create a viable solution to the problem, or we can continue to let the ill, the old, and individuals with disabilities and their caregivers cobble together expensive, disjointed, and incomplete services through personal savings, income, Medicaid, Medicare, and the aging network.

There are numerous obstacles to creating an agreeable solution to the long-term care issue. Typically, conservatives do not like to solve problems with government intervention. They prefer to let the market address the need. According to the American Association of Long-Term Care Insurance, seven to eight million Americans have long-term care insurance and about 400,000 new policies are issued each year, according to 2008 data. The population of people 65 and over is now close to 40 million. So it’s too late for the majority of seniors now to purchase long-term care insurance, in part because the industry turns down those with certain preexisting conditions. For the millions who will be entering that phase of life (72 million by 2030) in the next 15 years, a sea change will have to happen in the long-term care insurance market and in the financial planning and finances of middle-aged adults right now.

By most measures, the long-term care insurance industry has failed to effectively sell its products. Insurers have dropped out of the market and premium increases have scared potential customers. Some industry supporters argue that having Medicaid as a fall back provides a disincentive for individuals to buy long-term care insurance. That theory assumes that the marketplace is well informed, when there is strong evidence that many older adults believe that Medicare will cover their long-term care needs and finances of middle-aged adults right now.

By failing to embrace and help shape CLASS, the long-term care insurance industry missed an opportunity to educate Americans about the value of such products and to expand its market by creating wraparound and supplemental policies for millions of Americans. The industry could have been so bold as to support CLASS as a mandatory program ensuring that every American knew about this kind of coverage from an early age. Many families with resources would have wanted to add on to their CLASS “policy” with more complete coverage.

For those who would like to see the federal government tackle this issue, the CLASS Act has provided valuable lessons. First, legislation of this sweeping nature needs a number of strong, stalwart champions — several Ted Kennedys, if you will. OK, Kennedy would probably be frustrated in the current Congress, but it would certainly be more difficult for those that want to end CLASS to do so if he were still in the Senate — especially since his replacement changed the whole course of health care reform by taking away the sixtieth vote the Democrats needed to bring a better bill worked out in conference with the House to the floor. Bipartisanship would be nice too, and that is hard to find these days with the next election seeming to be more important that coming up with solutions to problems.

Secondly, to earn the long-term care insurance industry’s support, there would have to be incentives developed, and products, partnerships, and wraparounds created that would bolster the private market but provide safety nets too. Getting the industry on board might bring along Republicans, as well.

Thirdly, there would have to be a better way to address the enrollment/risk ratio. The program would have to be mandatory in order to spread the risk and keep costs down, but provide some measure of choice. Obviously, the challenge of creating a program where primarily those that are ill enroll is beyond the abilities of any administration or insurance company.

You may recall that one of the reasons that CLASS was included in the ACA is that the Congressional Budget Office said it brought in revenue, particularly in the early years before anyone would be eligible for the services. Certainly those revenue numbers would be greater had the program been designed with mandatory enrollment. Further, the premiums would have been reasonable if we all were contributing.

It is hard to imagine Social Security as a voluntary program, collecting Social Security taxes from just those that wanted to have that protection and income security in later life. How would the actuaries come up with the tax rates needed if we tried to create that program with such an approach today? It would probably meet the same fate that CLASS has.

One solution to this has been suggested by Paul Starr, a sociologist with several books and publications behind him, including the Pulitzer Prize winning history of medicine in the U.S., “The Social Transformation of American Medicine” and his latest book, “Remedy and Reaction: The Peculiar American Struggle over Health Care Reform.” Using the German health care system as a reference, Starr suggests that we need to make the choice to opt-out less appealing and the cost of being uninsured more expensive.

Finally, I have a need to throw in one more obvious point about long-term care and the inequity of our current health care system. We have long argued that paying for care for someone with dementia or Parkinson’s disease or multiple chronic illnesses (that leads to a need for either community-based or institutional long-term care) is just as important as paying for expansive treatments for cancer, heart disease, and other illnesses that use our acute care providers. It is time to figure out what all this care costs, how those costs can be shared by individuals and society, and how much we can afford to pay providers for that care. Long-term care should be a part of that discussion, but it probably won’t be.
ESPO Introduces 2012 Officers

The 2011 GSA Annual Scientific Meeting was a success as scholars and emerging professionals took advantage of opportunities to enrich their understanding and appreciation of the world of gerontology. As we move forward into a new year, I'd like to introduce to you the new ESPO officers who will represent our organization. For the last several months, these individuals have been preparing for their positions and have been eager to begin their work following this year’s annual conference. I encourage you to take this opportunity to read more about our new officers and their vision for ESPO.

Chair: Chivon Mingo, PhD

Mingo received her PhD in aging studies (2010) from the University of South Florida. Currently, she is a postdoctoral fellow in the Institute on Aging and Thurston Arthritis Research Center at the University of North Carolina at Chapel Hill. Mingo’s current research interests span the areas of bio behavioral health, health disparities, and aging. Specifically, she has concentrated on osteoarthritis health disparities and ways to address those health disparities through behavioral health care interventions. As a postdoctoral fellow, she will build upon this program of research by further examining health disparities in individuals with various forms of arthritis. Moreover, Mingo will specifically examine how social determinants of health impact arthritis related health disparities. As an active GSA member since 2003, Mingo has extensive experience with ESPO. Using her learned knowledge from previous positions, her goals are to unify ESPO members from across the four GSA sections, increase student and post-doctoral awards, foster networking and mentoring opportunities, promote leadership development, and increase the diversity of membership while at the same time upholding the mission of the Society.

Chair Elect: Katherine Hall, PhD

Hall received her PhD in kinesiology with a focus in exercise/behavioral medicine and aging from the University of Illinois at Champaign-Urbana. She joined the Durham VA and Duke Medical Centers in 2009 as a post-doctoral fellow, where she continues to work as a junior researcher. As a behavioral scientist, Hall’s primary research interests include studying physical activity, function, and quality of life in older adults. More recently, she has focused on studying the added burden of psychological comorbidities, such as post-traumatic stress disorder, on behavioral and functional outcomes in older veterans. Hall said she is very much looking forward to using this leadership position as a way to promote opportunities within GSA that will benefit her junior colleagues — with a focus on professional development, grantsmanship, and manuscript preparation. She said she also hopes to broaden and strengthen the involvement of the ESPO membership across all sections of the society by promoting internal leadership and networking opportunities to further strengthen the professional portfolio of GSA’s rising professionals.

Secretary: Elizabeth Hahn, BS

Hahn is a fourth-year doctoral candidate in the School of Aging Studies at the University of South Florida. Her background is in human development and aging, and her interests include psychosocial and cognitive factors influencing healthy aging. Her specific area of research is in daily experiences, including daily stressors and daily memory complaints, and their association with psychological well-being in older adults with mild cognitive impairment. As an undergraduate at Pennsylvania State University, she developed an interest in research by helping with the Midlife in the United States (MIDUS) study and a passion for older adults by volunteering at a continuing care retirement community. This year, Hahn plans to work with fellow ESPO members from the Newsletter Task Force to write the ESPO News portion of the Gerontology News. She said she hopes to provide information as part of ESPO’s goal of fostering the development of GSA’s student, postdoctoral, and transitional members — by bringing awareness to opportunities, events, and information tailored to emerging scholars and professionals and streamlining communication between ESPO members. To achieve these goals, Hahn plans to provide an outlet to highlight the achievements of ESPO scholars throughout the year, a question-answer portion of ESPO News, as well as an opportunity for expert advice on various career development topics of interest to readers.

Communications Chair: Ernest Gonzales, MSSW

Gonzales is a doctoral candidate at the Brown School of Social Work at Washington University in St. Louis. His scholarship is focused on productive aging (employment, volunteering, education, and caregiving), asset accumulation, human and social capital, and intergenerational relations. As communications chair, he said he is committed to ensuring communications are clear, concise, and effective; expanding the GSA-ESPO membership through communications; identifying new social network technologies to reach a wider audience and disseminate knowledge. He also is serving as the liaison to ESPO’s International Task Force, with a goal of raising ESPO awareness in order to transfer knowledge across the globe.
Twelve outstanding students have been chosen as the newest participants in the Hartford Doctoral Fellows Program in Geriatric Social Work. The program is funded by the John A. Hartford Foundation, administered by GSA, and directed by James Lubben, DSW, MPH.

Each fellow receives a $50,000 dissertation grant plus $20,000 in matching support from his or her home institution, which enables the recipient to more fully concentrate on a dissertation research project 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 advisory committee to select the fellows. This year’s committee consists of Barbara Berkman, DSW, PhD, of the Hartford Faculty Scholars Program and Columbia University; Mercedes Bern-Klug, PhD, MSW, MA, of the University of Iowa; Iris Chi, PhD, of the University of Southern California; Ruth Dunkle, PhD, of the University of Michigan; Grover Gilmore, PhD, of Case Western Reserve University; Linda Harootyan, MSW, of The Gerontological Society of America; Carmen Morano, PhD, of the Hartford Pre-Dissertation Award Program and Hunter College; Nancy Morrow-Howell, PhD, of Washington University in St. Louis; Holly Nelson-Becker of Loyola University Chicago; Stephanie Robert of the University of Wisconsin-Madison; and Deborah Waldrop, PhD, of the State University of New York at Buffalo.

This year’s cohort consists of:

**Jean Balestrey**
University of Michigan School of Social Work  
Dissertation Topic: Culture and Communication in Rural Alaska’s Health and Social Services

**Keith Tsz-Kit Chan**
Boston College Graduate School of Social Work  
Dissertation Topic: Examining the Measurement of Physical and Psychological Health and Their Relationship to Acculturation for Older Asian Americans

**Noelle LeCrone Fields**
The Ohio State University College of Social Work  
Dissertation Topic: Aging in Place in Assisted Living: Understanding the Personal and Environmental Factors that Influence Length of Stay

**Angela Ghesquiere**
Columbia University School of Social Work  
Dissertation Topic: Patterns and Outcomes of Bereavement Support-Seeking Among Older Adults with Complicated Grief and Bereavement-Related Depression

**Jennifer C. Greenfield**
Washington University School of Social Work  
Dissertation Topic: How Does the Caregiving Experience Affect Asset Trajectories of Informal Caregivers?: Findings from the Health and Retirement Survey

**Andrea Jones**
University of Maryland, Baltimore School of Social Work  
Dissertation Topic: Why People Volunteer as Guardians in the Community

**Skye Nichole Leedahl**
University of Kansas School of Social Welfare  
Dissertation Topic: Older Adults in Nursing Homes: Assessing Relationships Between Multiple Constructs of Social Integration, Facility Characteristics, and Health

**Gina M. McCaskill**
The University of Alabama School of Social Work  
Dissertation Topic: Validation of the Self-care Utility Geriatric African American Rating (SUGAAR) for Type 2 Diabetes

**Julie Norstrand**
Boston College Graduate School of Social Work  
Dissertation Topic: What Pathways Link Social Capital to Physical and Mental Health Among Older Adults?

**Katherine Supiano**
University of Utah College of Social Work  
Dissertation Topic: Complicated Grief in Older Adults: A Randomized Controlled Trial of Complicated Grief Group Therapy

**Tiffany Washington**
University of North Carolina at Chapel Hill School of Social Work  
Dissertation Topic: Older Adult Kidney Disease Self-Management Behaviors and Their Relationship to Depression, Self-Efficacy, Illness Perceptions, and Social Support

**Mark Williams**
University of Washington School of Social Work  
Dissertation Topic: Partnership Status and Differences in Health and Well-Being for Lesbian, Gay, and Bisexual Older Adults
Interventions Found Effective in Dementia’s Early Stages
The third “World Alzheimer’s Report,” released by Alzheimer’s Disease International, focuses on the importance of early detection of the disease. Early diagnosis can affect many aspects of a person’s life, including long-term care planning, access to support and treatment, and well-being. Methods to enhance early diagnosis and early therapeutic interventions are discussed. Economic models are examined and available research suggests that governments should invest in the early detection of dementia. Cost savings associated with an earlier dementia diagnosis are also presented. The full report can be downloaded at www.alz.co.uk/research/world-report-2011.

NCOA To Expand Economic Assistance for Vulnerable Older Adults
The National Council on Aging (NCOA) has recently received a three-year, $1.125 million grant to develop a free online tool called EconomicCheckUp. Community organizations involved in NCOA’s national Economic Security Initiative will be able to use EconomicCheckUp to help struggling older adults obtain benefits to pay for the costs of prescriptions, food, utility services, and also help build a more stable economic future via debt and money management, housing assistance, employment opportunities, among other benefits. For additional information on NCOA’s national Economic Security Initiative, visit www.NCOA.org/EconomicSecurity.

APA Adds Webinars to Website
New guidelines for the diagnosis of Alzheimer’s disease were published in April 2011 by the Alzheimer’s Association and the National Institute on Aging. The new guidelines, intended to bring new research advances to bear on Alzheimer’s diagnosis, update criteria that were adopted in 1984. A webinar that addresses these guidelines, “The New Alzheimer’s Guidelines: How Will Research and Practice Be Affected?” is available on the American Psychological Association’s (APA) website at www.apa.org/pi/aging/index.aspx. APA also published another webinar, “Mental Health Needs of Family Caregivers: Identifying, Engaging and Assisting,” which is offered by the APA Office on Aging in partnership with the U.S. Administration on Aging. The webinar includes information about the range of mental health issues that may occur in family caregivers; strategies to identify and engage family caregivers experiencing strain; effective interventions in addressing caregiver stress and burden; and the availability of resources for those who work with family caregivers, including the APA’s Family Caregiver Briefcase. This webinar is available at www.apa.org/pi/about/publications/caregivers/index.aspx.

CDC Launches Tool for Communicating Health Literacy
The Centers for Disease Control and Prevention (CDC) Health Literacy website now has a section to assist aging-related professionals in developing materials that offer more effective communication strategies for older individuals and their caregivers. The website includes self-assessments, background information on health literacy, steps to improve materials, and links to resources about older adults and caregivers. This content builds on a previous CDC report, “Improving Health Literacy for Older Adults.” To learn more about this new resource, visit www.cdc.gov/healthliteracy/DevelopMaterials/Audiences/index.htm. To download a copy of “Improving Health Literacy for Older Adults,” visit www.cdc.gov/healthliteracy/pdf/olderadults.pdf.

AoA Updates Census Data
The U.S. Administration on Aging (AoA) has updated its “U.S. Census Profile of General Population and Housing Characteristics: 2010,” a dataset that focuses on age statistics. The document now includes status of race and Hispanic demographic data of older adults by state in the year 2010. For complete results, this resource can be downloaded at www.aoa.gov/AoAroot/Aging_Statistics/Census_Population/census2010/docs/stterr2010.xls.

AARP Report Details Recession’s Impact on Older Households
A new report from AARP, “State Housing Profiles 2011,” shows that conditions have deteriorated significantly for older households over the last ten years. Both older homeowners and renters are confronted with greater affordability issues since the housing crisis and recession began in 2007. Many factors that have shifted over this period of time include disability rates, family structures, foreclosure rates, and the age of homes. Among the findings are that 50+ households are less likely to be married and living with a spouse, the percentage of men aged 50 or older living alone has increased, older renters are more likely to have a disability than are homeowners, and those 50 and older are more likely to live in older homes than previously. In addition, a full range of data on housing indicators for older adults is available in the report for every state and the District of Columbia. To view the full report, visit www.aarp.org/home-garden/housing/info-09-2011/state-hp2011.html.

Recession Hits African American, Latino Elders Hardest
“The Crisis of Economic Insecurity for African-American and Latino Seniors,” a report from the Institute on Assets and Social Policy and Demos.org, explores the impact of the recession on African-American and Latino seniors. While the recession hurt most seniors, people of color were especially hard hit; with very limited assets and resources to cushion the blow, many are falling deeper and deeper into the well of financial insecurity. Findings include that more than half (52 percent) of African-American and 56 percent of Latino seniors are economically insecure, and that 90 percent of Latino and 83 percent African-American senior households have insufficient retirement assets to last throughout their expected life spans. The full report is available at iasp.brandeis.edu/pdfs/InsecuritySeniorsOfColor.pdf.
NIA Grants To Focus on Social Neuroscience, Neuroeconomics of Aging

The National Institute on Aging (NIA) has issued a funding opportunity announcement with special review to stimulate interdisciplinary aging-relevant research in the social, affective, and economic neurosciences. The NIA invites applications examining social, emotional, and economic behaviors of relevance to aging, using approaches that examine mechanisms and processes at both the social, behavioral, or psychological level, and the neurobiological or genetic level. Proposals are encouraged that have an overriding emphasis on economic, social, or emotional processes and associated genetic or neurobiological processes. Applications should demonstrate either relevance for aging or for age differences or age-related changes in these processes. Aging-relevant applications can address issues of importance to the well-being and health of either mid-life or older adults, and can include data spanning the entire life course.

Applications are due by February 5, 2012. For complete information, visit grants.nih.gov/grants/guide/pa-files/PAR-11-337.html.

NIH Accepting Applications for Director’s Transformative Research Awards

The National Institutes of Health (NIH) is now accepting applications for its 2012 NIH Director’s Transformative Research Awards. Applications should feature exceptionally innovative, high risk, original and/or unconventional research. Projects are encouraged that involve clinical, basic, and/or behavioral/social science research projects. Awards include up to $25 million in total costs per year for a single project. One-third of the total funding budget will be geared to projects with more than $1 Million in direct costs. The deadline for submitting applications is January 12, 2012. Additional information is available at commonfund.nih.gov/tra.

NIH Funds Slated for Data Archiving

The National Institutes of Health (NIH) is offering a P30 Center Core Grant to maintain the existing collections of the National Archive of Computerized Data on Aging and develop it further as a user-friendly data archive to support behavioral and social science research on aging; to advise and assist researchers in documentation and archiving of data and metadata; to advise and assist researchers on methods of sharing data for secondary analysis while providing adequate protections for confidentiality; and to facilitate secondary analysis by providing user support, access to data, and training and consultation. The application deadline is February 2, 2012. For additional information, visit grants.nih.gov/grants/guide/rfa-files/RFA-AG-12-013.html.

Grant Program Supports Retirement Income Research

The Center for Retirement Research at Boston College sponsors the annual Steven H. Sandell Grant Program for scholars in the field of retirement income and disability insurance research. The program is funded by the U.S. Social Security Administration to provide opportunities for individuals from all academic disciplines to pursue innovative projects on retirement income and disability insurance issues. Priority areas include Social Security and disability insurance, macroeconomic analyses of Social Security, wealth and retirement income, program interactions, international research, and demographic research. There are up to seven grants of $45,000 available, based upon the quality of the applicant’s proposal and his or her proposed budget. A select group of grant winners will be required to present their work to the Social Security Administration in Washington, DC, or Baltimore. The submission deadline is January 27, 2012. For more information about the program, visit crr.bc.edu/opportunities/steven_h_sandell_grant_program.html.

NIH Groups To Sponsor Climate Change Research

Several agencies within the National Institutes of Health (NIH) have issued a funding opportunity announcement that encourages research applications to examine the differential risk factors of populations that lead to or are associated with increased vulnerability to exposures, diseases, and other adverse health outcomes related to climate change. Applications may involve either applied research studies that address specific hypotheses about risk factors or population characteristics associated with increased vulnerability, or research projects to develop general models or methods for identifying and characterizing population vulnerability to climate change. The ultimate goal of this research program is to help inform climate change adaptation and public health interventions to reduce current and future vulnerability of various populations to the health effects of climate change. Applications are anticipated to involve a multidisciplinary research team, including experts in health sciences and climatology as well as geography, modeling, statistics, demography, and social and behavioral sciences as appropriate. In addition, partnerships with community-based or advocacy organizations, public health officials, urban planners and others are encouraged. The deadline is May 24, 2012. Further details can be found at grants.nih.gov/grants/guide/pa-files/PAR-10-235.html.

AoA Offers Disaster Assistance to SUAs, Tribal Organizations

The U.S. Administration on Aging (AoA) has a funding opportunity to provide disaster reimbursement and assistance funds to those State Units on Aging (SUA) and federally recognized Tribal Organizations that are currently receiving a grant under Title VI of the Older Americans Act (OAA), as amended. Awards will be granted for a period of one year. The amount of funding available to applicants is determined by three factors: the number of older persons affected; the amount and severity of need; and the amount of disaster funds available as prescribed in the OAA. Eligible applicants include SUAs in states for which some or all of the state has been declared a federal disaster area by the president and/or federally recognized tribal organizations within the areas declared a federal disaster area who are currently receiving a grant under Title VI of the OAA, as amended. The deadline date for submission of applications is September 14, 2012. For additional details, please refer to www.aoa.gov/AoARoot/Grants/Funding/docs/2012/FY2012_Disas ter_Asstce_PA.pdf.
Yale University offers a two- to three-year postdoctoral training program in Geriatric Clinical Epidemiology and Aging-Related Research, sponsored by the National Institute on Aging. The goal of the program is to provide highly qualified fellows (MDs or PhDs) with research skills in geriatric clinical epidemiology and an intensive research experience under the mentorship of experienced investigators in gerontology and geriatric medicine. Trainees will have access to resources and expertise through the Program on Aging/Claude D. Pepper Older Americans Independence Center, the Robert Wood Johnson Clinical Scholars Program, the Investigative Medicine Program, the School of Public Health, and the Geriatric Medicine Program.

Candidates who have a PhD should have completed their doctoral training in areas such as (but not limited to) gerontology, public health, epidemiology, biostatistics, psychology, or biology, and should be committed to an academic career in aging-related research. Minority candidates are encouraged to apply. US citizenship or permanent residence is required.

Please send CV and recommendations to:
Andrew P. Goldberg, M.D., agoldber@grecc.umaryland.edu

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The Yale Training Program in Geriatric Clinical Epidemiology and Aging-Related Research

Yale University offers a two- to three-year postdoctoral training program in Geriatric Clinical Epidemiology and Aging-Related Research, sponsored by the National Institute on Aging. The goal of the program is to provide highly qualified fellows (MDs or PhDs) with research skills in geriatric clinical epidemiology and an intensive research experience under the mentorship of experienced investigators in gerontology and geriatric medicine. Trainees will have access to resources and expertise through the Program on Aging/Claude D. Pepper Older Americans Independence Center, the Robert Wood Johnson Clinical Scholars Program, the Investigative Medicine Program, the School of Public Health, and the Geriatric Medicine Program.

Candidates who have a PhD should have completed their doctoral training in areas such as (but not limited to) gerontology, public health, epidemiology, biostatistics, psychology, or biology, and should be committed to an academic career in aging-related research. Minority candidates are encouraged to apply. US citizenship or permanent residence is required.

Application materials can be obtained from Robbin at 203-688-9423 or at http://medicine.yale.edu/intmed/geriatrics/training/index.aspx

Information about the Yale Program on Aging may be found at http://medicine.yale.edu/intmed/geriatrics/research/index.aspx

The deadline for applications for the 2012 academic year is January 27, 2012.

The Section of Geriatrics
Yale University School of Medicine

The Section of Geriatrics, Yale University School of Medicine, is seeking a well-trained clinical investigator at the Assistant Professor level. This physician must have training in geriatrics and clinical investigation as well as evidence of excellent potential for an outstanding career in Geriatric clinical investigation. Yale University is an Affirmative Action/Equal Opportunity Employer. Qualified women and members of under-represented minority groups are encouraged to apply.

Send enquiries to:
Mary E. Tinetti, M.D., Chief, Section of Geriatrics, Yale University School of Medicine, 333 Cedar Street, PO Box 208025, New Haven, CT 06520-8025

E-mail enquiries to: mary.tinetti@yale.edu

Please include CV and 3 references.

Please respond by December 15, 2011.

19th Annual RAND Summer Institute
July 9-12, 2012
Santa Monica, CA

Two conferences addressing critical issues facing our aging population:
Mini-Medical School for Social Scientists
Workshop on the Demography, Economics, Psychology, and Epidemiology of Aging.

Interested researchers can apply for financial support covering travel and accommodations.

More information and application form:
www.rand.org/labor/aging/rsi.html

The Divisions of Gerontology and Endocrinology, Diabetes and Nutrition seek qualified M.D. and Ph.D. postdoctoral fellows to work with a multidisciplinary team of clinical investigators, exercise physiologists, molecular biologists, geneticists and epidemiologists conducting research in aging, diabetes, obesity, exercise physiology, nutrition, and cardiovascular disease. The position requires doctoral degree in exercise physiology, molecular biology, genetics or related field and interest in clinical and/or basic research. Funding is for 2-3 years by a training grant requiring U.S. citizenship or permanent residency.

Please send CV and recommendations to:
Andrew P. Goldberg, M.D., agoldber@grecc.umaryland.edu

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University of Maryland, Baltimore

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leaders, and advancing education in gerontology and geriatrics. There has never been a more critical time for us to promote the importance of science and rigorous scholarship in addressing the challenges of an aging society. Whatever the discipline that shapes our individual scholarship, GSA's members bring rationality and tested knowledge to the public discourse. GSA must continue to leverage its unique capacities to foster interdisciplinary inquiry and help our members expand their influence on research, education, policy, and practice.

During the coming year, we will work to secure additional aging-related research and training funds and draw greater attention to research translation and the training/workforce needs of an aging society. We will build off the successes of the National Academy on Aging Society, the Association for Gerontology in Higher Education, and grants to GSA to secure additional resources for our agenda. We will foster more engagement from our members, finding better ways to work together to make a difference in the lives of older adults.

The past few years have been a time of growing membership and growing influence for GSA. Looking forward, we will continue to advance GSA’s far-reaching agenda and promote the contributions of our members:

• The Journals of Gerontology Series A: Biological Sciences and Medical Sciences will introduce a new section containing a translational research article in each issue. These articles will be open access so non-GSA members will be able to read them as well.
• GSA will mark the 50th anniversary of the U.S. Senate Special Committee on Aging with a special issue of Public Policy & Aging Report and a reception on Capitol Hill. Prior to the reception, the committee will hold a forum at which authors in the special issue will present.
• GSA will further advance the work of the Corporate Advisory Panel. This new effort, designed to build linkages between the Society and the broad constituency of stakeholder organizations in the aging marketplace, has gotten off to a wonderful start.
• We will lead an initiative designed to address and improve older adult immunization rates, furthering our efforts to make sure that scientific advances improve the quality of life for older adults.
• At the Annual Scientific Meeting, we will continue our grant-supported biological sciences program series, and we will begin a multi-year plan to advance science and understanding on mobility. As we launch into 2012 with all our plans and aspirations, I want to express my appreciation for the great GSA staff and volunteer leaders who make sure that the plans produce results. A special thanks goes to the Program Committee co-chairs: Margaret B. Neal, PhD, director of the Institute on Aging and professor of community health at Portland State University; and Phillip McCallion, PhD, ACSW, professor of social welfare and director of the Institute for Social Services Research & Development at the State University of New York at Albany.

“Charting New Frontiers in Aging” should make you think of San Diego with its open seas, diverse cultures, and expansive natural beauty. It is a perfect setting for provocative and productive discussions. I look forward to seeing you there in November!
The USC Leonard Davis School of Gerontology, the oldest and leading school in the field, seeks a dynamic Dean with stature in any of the fields related to aging, with a vision of the future of gerontology and the role of the Davis School. The Dean will be the academic leader of the school, foster its multidisciplinary research and teaching, and forge productive links with other USC schools. The Dean will be expected to be a bold entrepreneur, generating new academic resources through philanthropy, enhancement of the funded research program, and novel initiatives such as expanded online master’s and non-degree (continuing education) programs. The Dean is the chief executive officer of the school, reports to the Provost, and is a member of the Provost’s Council.

The Ethel Percy Andrus Gerontology Center, founded in 1964, is the applied research and services component of the Davis School, which was founded in 1975. Together they are leaders in multidisciplinary teaching and research on aging. Areas of excellence include molecular biology, neuroscience, demography, psychology, sociology and public policy. Graduates of the school hold senior positions throughout the world.

The Davis School has initiated numerous innovative educational programs including the first Ph.D. in Gerontology, the first joint Master’s degree in Gerontology and Business Administration, and the first B.S. in a Health Science Track and a B.S. in Lifespan Health. A pioneer in distance learning, the Davis School offers online Master of Arts in Gerontology and Master of Arts in Long Term Care Administration degrees. Nine joint master’s degrees are offered with other USC schools.

The Davis School has 26 full-time faculty, 24 joint appointments with other USC schools, and 11 adjunct faculty. The distinguished faculty includes winners of most of the major research prizes in gerontology, editors-in-chief of two of the four Journals of Gerontology, and former holders of major government and NGO leadership positions. In addition to funded research in the individual laboratories, there are larger projects in biogerontology (The Alzheimer’s Disease Research Center and the Biology of Aging Program), biodemography (the USC/UCLA Center on Biodemography and Population Health), policy and social services research (The Fall Prevention Center of Excellence and the California Center for Long Term Care Integration) and the social and behavioral sciences (the Long Beach Longitudinal Study and the Longitudinal Study of Generations). The University Wide Aging Nexus at USC, also based at Andrus, links research and training on aging-related topics by 81 USC faculty.

USC is one of the world’s leading private research universities. Located in Los Angeles, one of the most dynamic and diverse cities and a global center for arts, technology and science, and international trade, USC enrolls more international students than any other US university. With a strong tradition of integrating liberal and professional education, USC fosters a vibrant culture of public service and encourages students to cross academic as well as geographic boundaries in their pursuit of knowledge. USC recently announced a $6 billion campaign, the largest fund raising effort in the history of higher education, and has already raised $1.2 billion in the past 12 months, a record year for any university. More information about the University can be found at usc.edu.

Candidate credentials will be reviewed from October to December 2011. Nominations, applications, and expressions of interest, including CV and professional references, should be sent to:

Nicholas Brill
Brill Neumann Associates
usgerontology@brillneumann.com

For more information about the school, please visit http://www.usc.edu/gerontology

USC strongly values diversity and is committed to equal opportunity in employment. Women and men, members of all racial and ethnic groups, people with disabilities, and veterans are encouraged to apply.
Older Female Ontarians Skip Dentist Visits

Findings from a report of the POWER (Project for an Ontario Women’s Health Evidence-Based Report) Study released in late October indicate that nearly half of women aged 65 years and older who live in Ontario, Canada, did not see a dentist in the last year, increasing their risk of chronic diseases and a reduced quality of life. Researchers from St. Michael’s Hospital, Women’s College Hospital, and the Institute for Clinical and Evaluative Sciences completed this comprehensive study of women’s health in relation to income, education, ethnicity and geography. The POWER Study was funded by Echo: Improving Women’s Health in Ontario, an agency of the Ontario Ministry of Health and Long-Term Care. The full report can be viewed at www.powerstudy.ca/the-power-report.

Australian Nurses Are in Need of Aged-Care Reform

The Australian has reported that the Australian Nursing Federation (the country’s second-biggest union) and its members are anxious for aged-care reform. The federation, undergoing a spike in membership numbers, is concerned about Australia’s 2012 budget and government deliverables on workforce issues and wages in aged care. The Productivity Commission’s Caring for Older Australians report was released in August and stated that the workforce in the aged-care sector will need to quadruple over the next 30 years. However, there was not much attention given to the disparity in wages for those employed in the aged-care sector, as compared to similar healthcare professionals in other fields.

HealthWatch England Expected To Enforce Standards of Quality, Safety

HealthWatch England, currently in its developmental phase, will soon be a national consumer champion designed to give a voice to people who use the National Health Service (NHS) and social care services in England. HealthWatch England will be a statutory sub-committee of the Care Quality Commission (CQC), which is the independent regulator of all health and adult social care in England. CQC’s aim is to make sure that better care is provided for everyone, whether it is in the hospital, in care homes, in people’s own homes, or anywhere else that care is provided. Under a new regulatory system introduced by British government, the NHS, independent health care, and adult social care must meet a single set of essential standards of quality and safety for the first time. CQC will register health and adult social care services if they meet essential standards, and will closely monitor the quality and safety of services, including the views of people who use services, and through assessment and inspection. Further details can be obtained at www.cqc.org.uk/public/about-us/partnerships-other-organisations/healthwatch.

Dancing the Tango Has Hit Japan’s Nursing Homes

According to The Telegraph, many of Japan’s nursing homes are offering the tango to its residents as an approach to maintaining health and fitness. The article reported that dancing the tango may improve mental and physical functions, and has been particularly effective for those with Parkinson’s disease.

Continued from page 1 - New Reports Lay Foundation for Relieving Seniors’ Pain

the 2011 chair of GSA’s Health Sciences Section. “Research indicates that severe pain in older adults leads to a decreased quality of life, including both satisfaction with life and health-related quality of life.”

One of the installments, “An Interdisciplinary Look at Labeling Changes for Acetaminophen and the Implications for Patient Care,” was supported by McNeil Consumer Healthcare. Joseph W. Shega, MD, Mary Beth Morrissey, PhD, MPH, JD, and Manney Carrington Reid, MD, PhD served as faculty.

While addressing shortfalls in pain assessment and treatment for older adults with pain, this publication aims to inform health care providers, researchers, policy makers, caregivers, and patients about a recent Institute of Medicine (IOM) report, “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research.”

While pain affects approximately one-third of Americans — and exacts a huge toll from society in terms of morbidity, mortality, disability, demands on the health care system, and economic burden — it remains widely undertreated. GSA’s new publication also provides an overview of needs for care, education, and research, and lays out a blueprint for transforming pain care.

The other new issue, “An Interdisciplinary Look at Labeling Changes for Acetaminophen and the Implications for Patient Care,” was supported by McNeil Consumer Healthcare. Joseph W. Shega, MD, Mary Beth Morrissey, PhD, MPH, JD, and Manney Carrington Reid, MD, PhD served as faculty.

It was produced in response to the U.S. Food and Drug Administration’s recent modifications to the recommended daily dosage of acetaminophen. The purpose of these changes is to make patients aware of the presence and amount of acetaminophen in single-ingredient and combination products — with the goal of preventing overdoses that can cause acute liver failure.

Acetaminophen is present in more than 600 over-the-counter and prescription products used by more than 50 million Americans each week. This commonly used medication is taken to treat conditions such as pain, fever, and the aches and pains associated with cold and flu. Acetaminophen — over-the-counter or prescription — is the most frequently prescribed agent for pain relief.

This installment of From Publication to Practice provides essential information on the new labeling changes and describes the resulting implications for patient care, especially for older patients. It also presents important steps that clinicians can take when educating patients.
Recognize Leaders in the Field

Nominate Them To Become GSA Fellows!

Fellow status is an acknowledgment of outstanding and continuing work in the field of gerontology. This recognition can come at varying points in a career and can acknowledge a broad scope of activity, including research, teaching, administration, public service, practice, and notable participation within the Society.

Potential candidates must:
• Get a nomination letter from a current GSA fellow of the candidate’s section. Self-nominations are no longer accepted.
• Get an endorsement letter from one other fellow of the candidate’s section (both must be members in good standing).
• Be a regular GSA member for a minimum of five years.
• Meet the specific requirements made by the candidate’s section.
• Submit a current C.V.

Nominations will be accepted until February 15.

Visit www.geron.org/Membership/Fellows for complete details.

Reflections from GSA Fellow Eva Kahana, PhD
Part 1 of 2

What does it mean to be a GSA fellow and why is it important? The more members of our Society achieve high standards of fellowship, the greater overall scientific, practice, and policy impact we can have on society at large. In addition, becoming a fellow can enhance the impact of each individual in their own organization. Fellow status exemplifies the integration of exemplary scholarship, leadership, mentorship and service. Engagement in the field of gerontology reflects a value orientation where serving others becomes an important goal of erudition. Fellows serve as role models for others. In this way one can interpret GSA fellow status as an other-oriented, rather than a self-serving, aspiration. Indeed, several of the recent activities of the Fellowship Committee have focused on mentoring that can pave the way for GSA’s newest members to strive for and eventually attain fellow status within our organization.

Why is it important to nominate others to become fellows? Nominating someone is an example of the type of generosity of spirit that fellow status is supposed to exemplify. I would like to invite each fellow reading this comment to explain to others the importance of making nominations for fellows and to reach out in the future to nominate deserving colleagues for fellow status. The first step in doing so may be to look around and take note of deserving colleagues at one’s own institution. The next step may be to consider productive and contributory members of the Society whom one knows professionally or meets at GSA meetings. The process of nominating a fellow is not difficult and is well worth the effort.
GSA Innovation Fund

enables the Society to strengthen its commitment to fulfilling the needs of its members in the years ahead. The GSA Innovation Fund allows us to:

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