**Rubenstein Outlines Presidential Vision for 2013**

It is my great honor and privilege to address you as your new president. I’ve been a proud member of GSA since becoming a university faculty member and researcher in geriatric medicine back in 1979, and I have very much enjoyed participating in annual meetings and regular activities ever since. GSA’s membership, staff, and volunteer leaders have propelled the growth and development of our field, yet we have much more to accomplish. The world needs GSA and we can continue to contribute immensely to the world’s benefit.

The Annual Scientific Meetings have evolved considerably over the many years I have attended, yet they maintain their important key mission of presenting the best in state-of-the-art gerontological research from all major scientific disciplines involved in aging.

The theme for this year’s meeting, “Optimal Aging Through Research,” embodies GSA’s core values — using research to help optimize the aging process. It also builds very much upon the interdisciplinary nature of GSA.

While our sections have differing perspectives based on their areas of research — be they in basic sciences, clinical sciences, behavioral sciences, or social sciences — these perspectives...

**Entrepreneurship Summit Explores Ways to Support Senior Talent**

America’s top experts on older adult entrepreneurship are now purposefully networking for the first time thanks to the New Engines for a New Economy Summit, which GSA convened in Washington, DC, in late October.

Over 40 invited thought leaders from the private and public sectors attended this unique event. Its goal was to build a cross-sector blueprint for research, programs, policies, and capitalization options to advance entrepreneurship, self-employment, and business startups in mid-life and beyond.

The program was developed by the National Academy on an Aging Society, GSA’s policy branch, in partnership with the nonprofit Senior Entrepreneurship Works.

“More than 7 million workers aged 50 and older in the United States are self-employed, and this number is likely to increase as more boomers reach retirement age,” said Greg O’Neill, PhD, director of the academy. “The stakeholders who came together for this meeting recognize the power and the promise of this...
Caregiving’s Value Can’t Be Overstated

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

The placement of National Family Caregivers Month during November every year is no random timing. When the country celebrates Thanksgiving, we are provided with an opportunity to express our gratitude for this often underappreciated — and unpaid — group.

In 2009, there were roughly 42 million unpaid caregivers in the U.S., providing an estimated $450 billion worth of care to adult and aging relatives and friends. And the caregivers themselves have needs of their own, too.

According to a new awareness campaign led by AARP and the Ad Council, More than half of America’s baby boomer caregivers, aged 40 to 60, require support and help. The two organizations have set up a resource center www.aarp.org/caregiving where experts and caregivers can interact online.

Those working to find ways to better assist family caregivers deserve to be acknowledged for their efforts, too. GSA’s membership is strong-suited in authorities on the subject. I fully appreciated the scope of their work as I recently dealt with caregiving issues within my own family. Yet my temporary situation paled in comparison to the 63 percent of caregivers who spend, on average, nine or more hours a week providing care to an adult over the age of 50 — one-third of whom describe the task as extremely or very difficult, according to AARP.

We should also be thankful for the caregivers who took on new challenges in the aftermath of Hurricane Sandy. We know that older people suffer disproportionately during natural disasters, and there are tough times ahead for a lot of people in the New York/New Jersey area. It is heartening to know, however, that many within GSA’s membership — particularly those in the Disasters and Older Adults Interest Group — are diligently undertaking work in this subject area that will enhance existing systems of care.

GSA itself is in the hands of caregivers, too, to whom I also give thanks. They take the form of our volunteer leaders, who give their time and service to propel the Society forward. 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 extend a personal note of gratitude to outgoing President Nancy Whitelaw, PhD, for her leadership during the past year.

GSA also succeeds in the care of its individual members, who advance the cause of aging research through the scholarship presented in our peer-reviewed journals and at our annual meetings. Speaking of the latter, the Call for Abstracts has been issued for our 2013 Annual Scientific Meeting in New Orleans. Visit www.geron.org/abstracts to learn more.

And please be aware that you, too, are able to show your 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 — be it research, teaching, administration, public service, practice, or notable participation within the GSA itself. Please see page 14 for further details!

As we wrap up 2012, I wish you the best for a safe and happy holiday season. We look forward to serving you in the new year.

Sincerely,
In Memoriam

David A. Peterson, PhD, a past president of GSA’s educational branch, the Association in Gerontology in Higher Education (AGHE), passed away on October 4. At the University of Southern California’s Davis School of Gerontology, he served as director from 1978 to 2003 and as associate dean from 1985 to 2003. He was responsible for the school’s instructional programs, including the development of the bachelor of science, master of science and doctoral degrees in gerontology, as well as dual-degree programs with 10 other USC schools and departments. In 2006, AGHE named the David A. Peterson Award in his honor to recognize the best article appearing in the journal Gerontology & Geriatrics Education each year.

New Publications by Members


Members in the News

• GSA Fellow David Ekerdt, PhD, was mentioned in a June 18 US News & World Report article about how to coordinate retirement with one’s spouse. He was also quoted in the July 17 Wall Street Journal on the paradox of long-held possessions, which are often considered valuable, yet many people become less certain as to why.

• GSA Fellow Joseph Ouslander, MD, was profiled in the July 2012 issue of McKnight’s Long-Term Care News and was noted as a team player for his work and contributions as a geriatrician.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: David L. Wilson, 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: Daniel J. Van Dussen, PhD

The recipient, who became eligible after referring new member Summer D. Lofreda, 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.

McConnell Earns Atlantic Philanthropies Promotion

GSA Fellow Stephen McConnell, PhD, has been appointed to the newly created position of country director for the United States at The Atlantic Philanthropies. In this capacity, he will oversee all of Atlantic’s U.S. programs and be responsible for leading the implementation of the U.S. strategy to achieve maximum impact for the foundation’s investments in its final phase of grant making. These programs include work focused on aging, children and youth, and reconciliation and human rights. McConnell has been with Atlantic since 2008, first as an executive in the organization’s Ageing Program and most recently as its acting director. Prior to this, he served as the Alzheimer’s Association’s vice president for public policy, DC office director, and interim president and CEO. McConnell also previously was the national director for the Long Term Care Campaign in Washington, DC, and was the chief of staff for the U.S. Senate Special Committee on Aging.

Myers Named to Texas Nursing Committee

Dennis Myers, PhD, has been appointed by Texas Governor Rick Perry to the state’s Nursing Facility Administrators Advisory Committee. This group advises the Texas Health and Human Services Commission Board on licensing and regulation of nursing facility administrators. Myers is the Dorothy Barfield Kronzer Endowed Professor in family studies and chair of the Gerontology Initiative at the Baylor University School of Social Work. He is also a member of the Council on Social Work Education, National Association of Christians in Social Work, and National Association of Social Workers, and a board member and past president of the Stilwell Retirement Center. He is a past board member of the Association for Gerontology in Higher Education, past member of the Texas Association of Social Work Deans and Directors, and a past board member and past vice president of the North Central Texas Alzheimer’s Association. He previously served in the United States Army.

Kohnke Appointed to Director’s Position at Concordia

Concordia University, Nebraska, has named Kevin Kohnke, DrPH, as director of human services, gerontology and family life programs. Before joining the Concordia faculty in 2007, Kohnke served as a parish pastor and in deaf ministry. He holds a master’s degree in divinity as well as a master’s in human development and family studies from the University of Missouri, a doctorate of ministry in marriage and family counseling from the Denver Seminary, and a doctorate of philosophy in human sciences with a specialization in gerontology from the University of Nebraska. In addition to his new role, Kohnke volunteers weekly as an area nursing home counselor, leads three GriefShare groups, and is in the process of obtaining his mental health counselor license with a specialization in geriatric care.
2012 Elections: Nothing Changed — or Did It?

Well, the final votes have been tallied and the outcome of the election has been decided: Mitt Romney has won the majority of the popular vote … as cast by older Americans, by 56 percent to President Barack Obama’s 44 percent.

Demographic Divide: The Age Gap

Based on CNN’s exit polling data, 60 percent of voters aged 18 to 29 voted for Obama, while 56 percent of people 65 aged and older voted for Romney. Among 45 to 64 year olds, 47 percent voted for Obama and 51 percent voted for Romney. The age gap persisted in the main Senate races, with Republicans pulling in the older voters and Democrats the youngest. The age gap was present in the other two 21st century elections, with John McCain and George W. Bush both bringing in more votes from older Americans than Obama and John Kerry. Interestingly, according to AARP, “there are so many older Americans that they accounted for a bigger portion of Obama’s support than any other age demographic, casting nearly 40 percent of his vote total. The 24 million votes for Obama by 50+ voters nearly doubled what he got from 18-to-29-year-olds, the group in which Obama is overwhelmingly popular.”

It appears that the age gap was also a credibility gap: the Republicans were more effective in painting “Obamacare” as dangerous for Medicare beneficiaries than the Democrats were in exposing Republican vice presidential candidate and Wisconsin Representative Paul Ryan’s Medicare proposal as fundamentally changing Medicare. (As a congressman, Ryan had proposed turning Medicare into a voucher program for future beneficiaries.)

“I had felt that Medicare would have a big impact on the election. That didn’t happen,” said John Rother, president of the National Coalition on Health Care and a former AARP policy guru.

Conservatives are particularly horrified about what the election outcome means for the Affordable Care Act. “Now Obamacare is a hydra,” said a spokesperson for the Galen Institute, a conservative health care think tank. One Wall Street Journal editorial said that the Affordable Care Act “will spread like termites in the economy.”

Exit polls showed deep divisions in the electorate’s opinions of the health care reform law. For example, 45 percent of all voters think that the Affordable Care Act should be fully or partially repealed, while 47 percent think it should remain as is or expanded further.

Another aspect of the age gap is racial: the younger electorate has a larger proportion of minorities, while the over-65 population is predominantly white. This age/race gap could affect future policies on federal spending. Currently, for every one dollar spent on children, seven dollars are spent on seniors. Older adults don’t consider Medicare or Social Security as subsidized entitlements; they feel that they have paid for them. As the younger electorate (the so-called “millennial generation,” consisting of those born after 1982), including Hispanic millennials, increases its political power, spending demands will increasingly focus on education, student loan relief, and job training, programs to support the middle class and working age Americans. According to census projections, by the year 2030, non-white adults born after 1982 will outnumber white older adults over 65 years of age.

Ronald Brownstein of the National Journal points out that one way around a potential age war is to frame the issues as being mutually beneficial. Entitlement programs depend on payroll taxes and the middle class want jobs. If seniors rally to support middle class programs, the entitlement programs that older Americans depend on will be sustained by middle class jobs (payroll taxes), creating a win-win situation for younger, working age minorities and for increasingly older whites.

Does Status Quo Mean no Change?

With Obama remaining in the White House, the Democrats still controlling the Senate, and the Republicans controlling the House, it seems as though the status quo was the big winner this election. What can really be accomplished with the same players in a new season? Especially since Speaker of the House John Boehner (R-OH) continues to declare that tax increases are off the table, and Senate Minority Leader Mitch McConnell (R-KY) offered this in his congratulatory comments: “Now it’s time for the president to propose solutions that actually have a chance of passing the Republican-controlled House of Representatives and a closely-divided Senate, step up to the plate on the challenges of the moment, and deliver in a way that he did not in his first four years in office.”

Other status quo indicators: the president continues to believe that the Bush-era tax cuts should expire and that taxes should be raised for the wealthiest citizens. The fiscal cliff and the threat of the sequester still loom large. Congress and the administration still must find a way to lower the deficit while minimizing inflation and unemployment.

For all of the talk about the status quo, I do believe that big changes lie ahead. Current provisions of the Affordable Care Act will remain in place, such as the ban on pre-existing conditions ineligibility, the closing of the Medicare Part D coverage gap (aka the “donut hole”), preventive care under Medicare, care coordination innovations, dual eligible demonstrations, and the possibility of Medicaid waivers enabling states to mandate private managed long-term care. Other provisions will be implemented in 2014, such as insuring lower-paid workers, and the individual mandate will go into effect (where not under litigation by states fighting the federal law),
but seniors will see that “their Medicare” is still intact. The Affordable Care Act will have an enormous impact on our health care system and consequently, our political and economic landscape.

In addition, the very fact that we face a “fiscal cliff” and the sequester means that either political action or inaction will create change. Political inaction — expiration of the Bush-era tax cuts, the payroll tax holiday, and unemployment benefits on Dec. 31, 2012, plus the looming sequester on January 2, 2013 — will affect thousands of programs, millions of people, and billions of dollars.

For example, the National Institutes of Health would lose approximately $2.5 billion in funding under sequestration. These losses would be catastrophic: 2,300 fewer research grants funded, especially affecting first time investigators; 2,500 to 2,700 grants to universities and medical centers would be cut. The Title VII and Title VIII geriatric education programs under the Health Resources and Services Administration would experience an estimated $2.5 million cut for FY 2013 if sequestration takes effect, resulting in 9,955 fewer professionals with geriatric training to serve the millions of older adults who need geriatric care now and in the future. Under Title VIII, 978 fewer nurses, nursing students, faculty, and other health professionals would be trained to deliver care to the elderly, disabled, and chronically ill.

The Older Americans Act (OAA) programs would experience an estimated $165 million cut for FY 2013 if sequestration takes effect. The impact would be felt by the more than 10 million older adults supported by the OAA’s supportive services, meals, and elder abuse prevention programs, in addition to the approximately 700,000 family caregivers supported annually by the National Family Caregiver Support Program. It is estimated that 1.9 million senior transportation rides to medical appointments and 17 million meals would be lost to sequestration and heating could be cut off to 290,000 senior households.

Political action will require what is being called “a grand bargain” between Republicans and Democrats, Social Security supporters, Medicare advocates, anti-tax-rise pledgers, and liberals and conservatives. The Social Security, Medicare, and Medicaid programs will be bargaining chips, as well tax loopholes and other revenue sources, in the compromise conversations. Some of the changes being discussed include raising Medicare’s eligibility age from 65 to 67 and increasing premiums for beneficiaries in the highest income brackets, and using a per capita cap on the federal government’s Medicaid share. Social Security changes might involve recalibrating the Consumer Price Index to slow the growth of retirement benefits, and we’ve talked about some of the other possibilities in previous columns.

Under current rules, the number of votes required to break a filibuster is 60, so neither party can accomplish that. (Keep your eyes open for rules changes at the beginning of the 113th Congress.)

The Senate Appropriations Committee ranking minority member, Senator Thad Cochran (R-TN), has held his post for six years (the Republican limit), so Senator Richard Shelby (R-AL) may end up taking his place. One change has arisen from the retirement of Special Committee on Aging Chairman Herb Kohl (D-WI). As you know, the Special Committee on Aging has jurisdiction over key issues pertaining to older adults, including Social Security and retirement savings, health care for seniors, long-term care, elder abuse, older workers, and affordable housing for seniors. Senator Bill Nelson (D-FL) will likely become the next chairman of the Aging Committee and Senator Mark Kirk (R-IL) will become the ranking minority member, replacing Senator Bob Corker (R-TN). Senator Patricia Murray (D-WA), who currently chairs the Veterans’ Affairs Committee, may opt to chair the Budget Committee, vacated by the retirement of Senator Kent Conrad (D-ND), which could lead to Senator Bernie Sanders (D-VT) chairing the Veterans’ Affairs Committee.

In this status quo election, the Republicans retained control of the House of Representatives. Republicans won 234 seats to the Democrats’ 201 seats.

The ranking minority member (the lead Democrat) on the House Appropriations Committee retired this year, so Marcy Kaptur (D-OH) or Nita Lowey (D-NY) will likely rise to this important position.

The House Budget Committee is currently chaired by Ryan. His term as chair is due to expire this month, but due to his popularity in this position, he will probably receive a waiver by the leadership to continue in this role.

The House Ways and Means Committee’s Subcommittee on Health is an important committee that has jurisdiction over health insurance, health research, and the health care programs of Social Security. The Ranking Minority Member was Pete Stark (D-CA) but since he did not win re-election, a new ranking member will take his place.
ESPO Introduces 2013 Officers

As we wrap up 2012, I am pleased to introduce you to the 2013 ESPO Executive Committee. The individuals were voted into office by you, ESPO members, and they have been working hard to prepare for their upcoming positions. You will be hearing from the committee throughout the forthcoming year.

Chair: Katherine Hall, PhD
Hall received her PhD in kinesiology with a focus in exercise psychology and aging from the University of Illinois at Urbana-Champaign. She joined the Durham Veterans Affairs and Duke Medical Centers in 2009 as a post-doctoral fellow, where she focused on developing exercise interventions to promote physical function and health in older veterans with comorbid conditions. In 2012 she was awarded a VA Career Development Award to study the impact of posttraumatic stress disorder on health behaviors and functional outcomes in older veterans. Through this award she will also be developing a tailored exercise intervention that can be used to address the mental and physical healthcare needs of this patient population. Hall has been an active member of GSA since 2003, and became involved with ESPO shortly thereafter as an ESPO representative to GSA’s Behavioral and Social Sciences Section. Hall’s involvement in ESPO has been steadfast since, looking for opportunities to promote the needs and interests of GSA’s junior scholars and professionals. This year as chair, she said she is looking forward to continuing the legacy of ESPO as an outlet for junior and student members to network with both junior scholars and more established researchers and practitioners in the field of aging. She said her primary initiatives include expanding resources available to ESPO members relative to career preparation, publishing, and grantsmanship; strengthening the campaign to inform ESPO members of the leadership opportunities within ESPO and recruit individuals to these positions; enhance the utility and relevance of social media within ESPO; and identify mechanisms to champion both within ESPO and GSA the innovative work that so many ESPO members are conducting.

Chair-Elect: Candace S. Brown, MAG, MEd
Brown is a doctoral candidate in the Health Related Science program at Virginia Commonwealth University. She is an associate professor, teaching gerontology online with the University of Maryland, University College. Her background is in gerontology and adult education, with research interests in the socio-cultural impacts on physical exercise among minority populations and developing techniques for increasing stability of the neuro-myofacial system among professional athletes. She has been an active part of ESPO since 2008, serving on various committees including the International Task Force, Student Paper/Poster Award Committee, and as secretary. Brown is eager to continue to build ESPO’s forward movement toward professional and personal growth of all members. In addition, Candace has recently begun advocating for more scholarships for ESPO members to attend GSA conferences and will continue to develop opportunities for members to be involved with ESPO.

Secretary: Jenny Palmer, MS
Palmer has been pursuing a doctoral degree at the Boston University School of Public Health for the past four years. As an undergraduate at Yale University, she studied the intersection of developmental psychology and social policy. Her interest in gerontology developed with her subsequent clinical work as a speech-language pathologist. Palmer has worked for many years in research and currently serves as a coordinator for projects on both resident safety and culture change in VA nursing homes. She has completed data collection for her dissertation on promoting nursing home resident choice, which she presented at the 2011 GSA Annual Scientific Meeting. Over the years, Palmer has participated in many leadership roles in student councils and committees. For ESPO, Palmer will continue the tradition of incorporating members’ input and writing on topics for the ESPO section of Gerontology News. She plans to support the ESPO Executive Committee in all its efforts by documenting, disseminating, and contributing to group deliberations and decisions. She will gather ESPO member feedback, spread the word about ESPO activities, and encourage professional development activities.

Communications Chair: Moon Choi, PhD
Choi is an assistant professor at the University of Kentucky College of Social Work. Recently, she completed her two-year postdoctoral training in social epidemiology at Virginia Commonwealth University School of Medicine. She received her PhD in social welfare with a concentration in gerontology at Case Western Reserve University. Previously, she interned at the United Nations Secretariat in the Department of Economic and Social Affairs. Choi’s research focuses on life-space mobility over the life course, driving cessation process, health and mental health disparities, and interventions using mobile technology. She is increasingly interested in creative uses of digital media as a means to convey information to the general public, and has won awards from GSA and the Hartford Geriatric Social Work Initiative for her YouTube videos on aging. She has been extensively involved in GSA activities since 2005. As communications chair, she aims to promote intergenerational, interdisciplinary, and international communication by providing opportunities for multiple channels of two-way communication. Choi said she also aims to increase the diversity of ESPO voices and membership.
This past year has been one of continued volatility in the global economy. Various economic terms have permeated our everyday language, such as “austerity plans” and “fiscal cliffs.” Personally, many of us are working in universities and organizations where we continue to experience minimal budget growth or even continued reductions. Now that we have completed national, state, and local elections in the U.S., there are still many questions about how the results will impact our social and economic policies. Clearly, all of us could use some good fiscal news!

I’m happy to oblige. I’m fortunate to be able to provide you with a positive picture of GSA’s financial health. First of all, the leadership and staff have continued to strive to achieve ways to increase revenue and keep expenses within check. This strategy has resulted in a projected budget surplus for FY 2012 — for the third year in a row! Congratulations to GSA’s staff for the hard work in all areas of the budgetary process.

First, we had a very successful 2011 audit and review of IRS 990 Forms. The Finance Committee held a phone meeting with the Calibre Group, who performed the audit in July, and the Executive Committee unanimously approved the audit in August. Once again, GSA was given an unqualified clean audit, which is the highest designation that can be received. I’m pleased to report that GSA sustained a $289,296 unrestricted surplus for FY 2011! I offer congratulations to the leadership of the Association for Gerontology in Higher Education (GSA’s educational branch) as well, as they also had balanced books in 2011.

In addition to this major accomplishment, the Finance Committee drafted a new investment policy. This was approved by the Executive Council on August 2 and provides a framework for the Society’s investments. In addition, it provides a structure for an Investment Advisory Group, which has specific responsibility to analyze GSA’s investment holdings. With our fiscal growth, this new policy and advisory group structure will provide additional involvement in our portfolio and investments.

At the November 2011 GSA Annual Scientific Meeting, a balanced FY 2012 budget was presented to membership. Finishing out 2012, we are optimistic that we have another strong year! At the time of writing this column, a major part of the budget picture is unknown as attendance at the Annual Scientific Meeting is a big part of our revenue source. However, indicators suggest that we will have another great conference. Abstract submissions were slightly above last year and over 3,000 people pre-registered for San Diego, which compares favorably to 2011’s Boston conference. We actually set a new attendance record in Boston, partially as a result of onsite registrations.

Looking forward, there are many reasons to be optimistic! Both GSA and AGHE continue to address ways to increase revenue sources and membership. Just as the older population is becoming more diverse, our Society is focusing on ways to grow and diversify our membership and revenue. With the increased interest in aging globally, growth may continue with international colleagues who want to become involved. In addition, the increased prominence of GSA’s journals provides another method of attracting members, interest, and subscriptions. As we look forward, involvement from the business sector also has increased as evidenced by the Corporate Advisory Panel.

Although the financial news around the country and globe remains sluggish, GSA is on solid financial footing. It’s been a productive year for the Investment Advisory Group and Finance Committee. Thank you to all of our members for continuing to support GSA through your contributions of your time and resources. I look forward to 2013 being another solid fiscal year.
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Rand is pleased to announce the 20th annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 8-11, 2013.

The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 8-9) and a workshop on the Demography, Economics Psychology and Epidemiology of Aging (July 10-11). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2013 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

Both the Mini-Med School and the workshop are described more fully at our website:
http://www.rand.org/labor/aging/rsi/.

For additional information, please contact:
Diana Malouf at malouf@rand.org.

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health.

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The Pennsylvania State University
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The Department of Human Development and Family Studies (HDFS) in the College of Health and Human Development at Penn State invites applications for a tenure-track position. We seek a faculty colleague whose research focuses on adult development and aging, and who uses methods either of prevention science or family studies. The candidate's interests should focus broadly on understanding and building a basis for the enhancement of physical and/or psychological health. Substantive focus of research includes, but is not limited to emotions and emotional regulation, engagement in work or volunteer activities, quality of life, social networks, family relationships and support, stress processes, biological mechanisms, and health behaviors. Applicants should demonstrate a clear program of research, strong publication record, and the potential to obtain external funding. Responsibilities include teaching and advising. For more information about HDFS see www.hhdev.psu.edu/HDFS.

An earned doctorate in the behavioral or social sciences and the promise of outstanding scholarly accomplishments are required. The successful candidate will also be an affiliate of the Penn State Center for Healthy Aging (healthyaging.psu.edu/). Review of applications and nominations will begin immediately and continue to be accepted until the position is filled. Send cover letter, curriculum vitae, and three reference letters to: Adult Development Search Committee, Dept. of HDFS (Job Number: 37680), 211 Henderson South, The Pennsylvania State University, University Park, PA 16802.

Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce.
new resources

Report Catalogs Aging Population’s Global Growth

Older people are growing in number faster than any other age group, according to “Aging in the Twenty-First Century: A Celebration and a Challenge,” a report released by the United Nations Population Fund and HelpAge International on October 1 for the International Day of Older Persons. The new report underlines that, while the trend of aging societies is a cause for celebration, it also presents huge challenges as it requires completely new approaches to health care, retirement, living arrangements and intergenerational relations. In 2000, for the first time in history, there were more people over 60 than children below 5. By 2050, the older generation will be larger than the under-15 population. Important progress has been made by many countries in adopting new policies, strategies, plans and laws on aging, according to the report. For example, over 100 countries in the last decade have in place non-contributory social pensions, in recognition of old age poverty. The report also includes the stories of 1,300 older men and women who participated in group discussions in 36 countries around the world. Their first-hand accounts and testimonies add the perspectives of the older population supporting efforts for better understanding and immediate action to meet their needs. The report is available at unfpa.org/ageingreport.

Bipartisan Analysis Details Expected Health Care Cost Increases

A new report released by the Bipartisan Policy Center (BPC) found that health care costs in the United States are expected to increase in coming years due to population growth, utilization and intensity of health care services, and increasing prices. “What Is Driving U.S. Health Care Spending? America’s Unsustainable Health Care Cost Growth” identifies an extensive list of health care cost drivers ranging from structural barriers to reducing costs within the current system to the more dynamic, changing aspects that will impact the overall growth rate of health care spending. The report is the first product of BPC’s new Health Care Cost Containment Initiative. Over the next several months, the initiative will seek approaches to contain health care cost growth on a system-wide basis, while enhancing health care quality and value. The effort will ultimately produce a comprehensive, bipartisan package of cost containment strategies. Specific drivers detailed in the report include: fee-for-service reimbursement; fragmentation in care delivery; administrative burden on providers, payers and patients; population aging, rising rates of chronic disease, as well as lifestyle factors and personal health choices; advances in medical technology; tax treatment of health insurance; insurance benefit design; lack of transparency about cost and quality, compounded by limited data, to inform consumer choice; cultural biases that influence care utilization; changing trends in health care market consolidation and competition for providers and insurers; high unit prices of medical services; the health care legal and regulatory environment; and structure and supply of the health professional workforce, including scope of practice restrictions, trends in clinical specialization, and patient access to providers. The full report can be accessed at bipartisanpolicy.org/library/staff-paper/what-driving-us-health-care-spending.

ACA’s Impact on HIV Patients Remains Uncertain

The Henry J. Kaiser Family Foundation has released a brief, “The Affordable Care Act, the Supreme Court, and HIV: What Are the Implications?” which explores key provisions of the Affordable Care Act (ACA) for people with HIV. This report reviews the opportunities and challenges for using the law to improve HIV care, particularly in light of the Supreme Court’s recent ruling on the law. According to the report, Medicaid is the largest payer of HIV care in the U.S.; however, the Supreme Court’s ruling limits the ability to enforce the ACA’s planned Medicaid expansion. Medicare is an important source of coverage for people with HIV who are under age 65 and disabled, and for those who are 65 and older. This report indicates that ACA has changed how the Medicare drug benefit works, which affects older adults with HIV. While questions remain about the ultimate impact of this decision, the law is expected to provide important new pathways to coverage for people with HIV when full implementation begins in 2014. Visit www.kff.org/hivaid/upload/8363.pdf to read the report.

Continued from page 1 - Rubenstein Outlines Presidential Vision for 2013

provide complementary insights on how aging can be optimized. “Successful aging,” “healthy aging,” and “productive aging,” are terms that have been used in past decades, but “optimal aging” provides an all-encompassing spin that should include all of our efforts to optimize life as we age. This theme should also foster collaborations across our four disciplinary sections and our many interest groups.

New Orleans will provide a wonderful backdrop for our meeting. It’s a lively city with a rich cultural and ethnic history that includes great music, food, sightseeing, and entertainment opportunities for everyone. We will seek to include examples of this culture within the program, and our meeting venue will be located in the popular French Quarter. My vision for the year ahead is to work hard to help GSA continue to build on its strengths as the leading scientific gerontology organization and enlarge its role in influencing national policy for improving geriatric healthcare, social services, mental health, overall quality of life, and all levels of aging research.

We also will have many opportunities to expand our role internationally as we prepare ourselves as the host society for the International Association of Geriatrics and Gerontology meeting in San Francisco in July 2017. I will look forward to working actively with all disciplines, sections, and interest groups in propelling GSA forward!
JOIN THE GROWING CADRE OF GERONTOLOGICAL NURSE LEADERS

Accepting applications for the 2013 cohort of Patricia G. Archbold Predoctoral Scholars and Claire M. Fagin Postdoctoral Fellows

The Patricia G. Archbold Scholar Award Program is designed to support 2 years of doctoral study for nurses committed to careers in academic gerontological nursing.

The Claire M. Fagin Fellow Award Program provides for a 2-year fellowship for advanced research training to support doctorally prepared nurses committed to faculty careers in gerontological nursing.

APPLICATIONS DUE: JANUARY 11, 2013

For more information about our applications, visit www.geriatricnursing.org/applications

This program is supported by the John A. Hartford Foundation, The Atlantic Philanthropies, and The Mayday Fund.
Wayne State’s Grant Will Support Minority Health Research
The Institute of Gerontology at Wayne State University, in partnership with the University of Michigan’s Institute for Social Research, has received a $2.7 million grant renewal from the National Institute on Aging to continue the work of the Michigan Center for Urban African American Aging Research. The center is one of only seven across the country established to improve the health of older minorities through education, scholarship and research participation. Through scholarship, education and outreach, the center investigates why older urban minorities suffer from poorer health than their Caucasian counterparts. Faculty members mentor junior minority scholars to encourage high-quality research into issues affecting aging and ethnicity. The Institute of Gerontology maintains a database of 1,685 older African Americans in the Detroit area who are willing to partake in research projects. This pool of volunteers is highly valuable to researchers because African Americans and other minority groups have traditionally been under-represented in research. The center also provides free health screenings and community forums to educate more than 1,000 older minority members each year about preventing diseases that are prevalent in certain ethnic groups.

Valdosta Announces New Health Sciences Center
Valdosta State University has received funding approval for $32 million to build a new Health Sciences and Business Administration Center. The 140,000-square-foot facility will house six health science programs including the Adult-Gerontology Nurse Practitioner program and the new Family Psychiatric/Mental Health Nurse Practitioner program. The building will be shared by the College of Business Administration, College of Nursing, Social Work program, marriage and Family Therapy program, Communication Disorders program, and programs in exercise physiology and sports medicine. This new building will provide growth space for programs to acquire more faculty and to serve greater numbers of students.

Indiana University Receives CMS Funds
A multi-million-dollar award from the Centers for Medicare & Medicaid Services (CMS) will enable Indiana University (IU) and Regenstrief Institute clinician-researchers to work with 19 central Indiana nursing facilities to improve the quality of care, reduce hospitalizations and increase access to palliative care for long-stay nursing facility residents. The IU and Regenstrief clinician-researchers have created Optimizing Patient Transfers, Impacting Medical Quality and Improving Symptoms: Transforming Institutional Care (OPTIMISTIC), a comprehensive four-year initiative that will be targeted to 100-day or longer-stay nursing facilities in four counties in Indiana. The diverse facilities, both for-profit and not-for-profit, are located in a variety of settings, from urban to suburban to near rural. OPTIMISTIC is supported by a project team of IU and Regenstrief geriatrics and palliative care experts along with their nursing facility partners. Specially trained nurses will be stationed on site at the 19 central Indiana nursing facilities to provide direct support to long-stay residents, education and training to the staff, and will lead care management reviews of long-stay patients to optimize chronic disease management, reduce unnecessary medications and clarify care goals. The interdisciplinary project team includes GSA member Susan E. Hickman. The award is one of only seven cooperative agreement awards nationwide to implement CMS’ Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents. The initiative is run collaboratively by the CMS Medicare-Medicaid Coordination Office and the Center for Medicare and Medicaid Innovation, both created by the Affordable Care Act to improve health care quality and reduce costs in the Medicare and Medicaid programs.

Grant Allows UC Irvine to Address Elder Abuse
University of California, Irvine’s program in geriatrics has received a three-year, $1 million grant from the U.S. Administration on Aging to combat elder abuse. The funding is part of a major new federal initiative to test promising community-based elder abuse prevention practices. The university will implement its approach to preventing the abuse of people with dementia, called Take AIM Against Elder Abuse. It will partner with the California Department of Aging, the California Department of Social Services, the Legal Aid Society of Orange County, and the Orange County Elder Abuse Forensic Center in pilot-testing the approach. The geriatrics program is directed by GSA member Laura Mosqueda, MD.

HRSA Enables Rochester Nursing Home Training Enhancements
The Greater Rochester Nursing Home Quality Consortium recently received a three-year, $800,000 comprehensive geriatric education continuation grant from the U.S. Department of Health Resources and Human Services (HRSA). The grant is part of $30.2 million awarded by HRSA to nursing schools across the country to support nursing workforce development. Among the consortium’s co-founders are GSA members Tobie Olsan, PhD, MPA, RN, and Jurgis Karuza, PhD. According to Olsan, the grant dollars will be used to fund three important objectives. First, they will support efforts to increase the number of nursing home members in the consortium and expand its level of collaboration and impact across the region. Secondly, the funds will enable the consortium’s member homes to collaborate on developing federally mandated Quality Assurance Performance Improvement programs and to more widely disseminate the materials they develop to non-member homes. Lastly, it will enable the consortium to offer nurse traineeships to graduate nurses interested in becoming nurse practitioners or in obtaining post-master’s certification in adult/gerontology through the University of Rochester School of Nursing.
UNTHSC-TCOM Reynolds Geriatrics Education and Training in Texas Program Director

General Description
The UNT Health Science Center – Texas College of Osteopathic Medicine has developed the Reynolds Geriatric Education and Training in Texas (GET-IT) Program which began in January 2009 funded by the Donald W. Reynolds Foundation. The Director of the Reynolds Geriatric Education and Training in Texas (GET-IT) Program provides a leadership role in inter-professional curriculum development and has major responsibility for meeting all the objectives of the program.

Specific Responsibilities
Planning, Direction, and Coordination
The Director will have significant responsibility for planning and coordinating all professional education, as well as all federal and foundation grant applications for external funding.

Coordinating Faculty Support
- The Director will work closely with faculty from all schools in developing and delivering inter-professional educational and training programs in geriatrics for health professional faculty and students
- Work with Inter-professional faculty to provide geriatrics education integration throughout the training and education of our TCOM students in addition to developing inter-professional education and training models for other students
- Develop, coordinate, and conduct formative assessments of the inter-professional programming
- Communicate and coordinate with other institutional support services needed to develop inter-professional programming
- Keep current of new developments and research in geriatrics and inter-professional education to share with faculty

Assessment and Reports
- With the appropriate institutional departments about issues and events concerning the GET-IT Program
- With Reynolds Foundation staff, appropriate external agencies, and accrediting bodies about relevant issues and reports

Reporting
- The position will report directly to the GET-IT Project Director and Chief, Division of Geriatrics.

Qualifications
The director should have background and experience needed to oversee and coordinate grants and inter-professional activities. A minimum requirement is a PhD/EdD in a medical, health science, gerontology, education or related field. Minimum of three years’ experience in an inter-professional environment is preferred. The Program Director will have a faculty appointment within the Division of Geriatrics, Department of Internal Medicine at the appropriate faculty or administrative level commensurate with experience. Salary is commensurate with experience. Competitive benefits package. For more information on employment at UNTSHC to: http://www.hsc.unt.edu/ProspectEmployee/. This is an EEO/AA Institution. Please apply to www.unthsjobs.com.

www.hsc.unt.edu www.unthealth.org www.fortworth.com


Grants Will Support In-Human Studies for Alzheimer’s Disease Therapeutics
The National Institute on Aging is accepting grant applications for the Alzheimer’s Disease Phase I Clinical Trials initiative, which will provide support for first-in-human studies for promising Alzheimer’s disease therapeutics. These first stage clinical trials will evaluate the metabolic and pharmacological actions of drugs, including biologics in humans. Applications must contain an approved Investigational New Drug (IND) status or an exploratory IND status; and evidence of proof of mechanism or target engagement for the therapeutic agent obtained during preclinical drug development. Responsive applications with a known target(s) will also include additional information on the mechanism of action for the therapeutic agent, information related to the target profile, the level of agreement in the field regarding the target’s role in disease pathogenesis and clinical relevance of the target, and information on the predicted optimal disease stage (asymptomatic, MCI mild, moderate or severe AD) to engage the target. Applications will be accepted until January 13, 2013. For more information, visit grants.nih.gov/grants/guide/rfa-files/RFA-AG-13-009.html.

Glenn/AFAR Scholarships Provide Funding for Students’ Biomedical Research
The Glenn/AFAR Scholarships for Research in the Biology of Aging have been established to continue to attract new generations of talented investigators. The program is designed to give students enrolled in MD, DO, PhD, or combined-degree programs the opportunity to conduct a three-to-six-month research project focused on biomedical research in aging. It aims to give students the chance to learn more about the field of aging research, as well as increase their understanding of the challenges involved in improving the quality of life for older people. Up to ten scholarships will be awarded in 2013. Students are encouraged to make their proposals as focused as possible. Clinical, epidemiology, health services, and outcome projects will not be considered. For the 2013 program, special consideration will be given to projects focusing on age-related macular degeneration, and a portion of the available funds will be set aside for this purpose. The research project must be carried out under the supervision of a faculty mentor. The deadline for receipt of applications and supporting materials is January 15, 2013, at 5 p.m. EST. See www.afar.org/research/funding/glenn-aifar-scholarships for additional details.

States Eligible for SHIP/ADRC Assistance
The U.S. Centers for Medicare & Medicaid Services (CMS) and the Administration for Community Living seek applications from states to provide financial assistance to State Health Insurance Assistance Programs (SHIP) and/or Aging and Disability Resource Centers (ADRC) to provide options counseling to dual-eligible Medicare-Medicaid individuals to ensure that these patients have access to a source of information and counseling — distinct from the demonstration plans and enrollment brokers — to help them make informed decisions about options they have for receiving their Medicare and Medicaid benefits. Funding under this announcement is only available to states that have signed a memorandum of understanding with CMS to implement the Financial Alignment Initiative. The next application deadline is January 18, 2013. Go to aoa.gov/AoARoot/Grants/Funding/docs/2012/SHIP_ADRC_Duals _FOA_FINAL8_22_2012.pdf for more information.

Funds Slated for Secondary Analyses, Dataset Archiving
The National Institute on Aging (NIA) is soliciting two-year R03 applications for secondary analysis of data on aging in the areas of psychology, behavioral genetics, economics, demography; and archiving and dissemination of data sets to enable secondary analyses in order to further advance research. The NIA supports the collection of data and biological samples including a broad array of measures that are relevant to: the dynamics of health and disability, cognition, psychosocial and sociodemographic factors, genetics and biomarkers, long-term care, caregiving, behavioral medicine, retirement, economic status and well-being over the lifespan. Examples of secondary analysis include, but are not limited to psychological and social processes in aging, behavioral genetics of aging, and economics and demography of aging. Applications are due February 14, 2013. Additional details may be found at grants.nih.gov/grants/guide/rfa-files/RFA-AG-13-009.html.

NIA Grant Promotes Workforce Diversity
The National Institute on Aging’s (NIA) Advancing Diversity in Aging Research through Undergraduate Education program is encouraging grant applications from institutions that propose creative and innovative research education programs to diversify the workforce in aging by supporting undergraduate competency and completion in medicine, science, technology, engineering, and mathematics, and by application and transition to graduate study that advances a cadre of students from diverse backgrounds into these fields. This funding opportunity announcement is part of the NIA’s coordinated effort to fill a gap in the pipeline transitioning from undergraduate to graduate education in aging as it relates to medicine, science, technology, engineering, and mathematics; and to fulfill the objectives of the NIA Health Disparities Strategic Plan. Evaluation metrics for participants may include graduation rates in these fields, as well as application and enrollment in aging-related and doctoral programs in these fields. Visit grants.nih.gov/grants/guide/pa-files/PAR-12-016.html for further information. This funding opportunity expires January 8, 2015.
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 details.

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Canada Reviewing Ban on Physician-Assisted Suicide

A British Columbia court concluded that it is unconstitutional to prevent the sick and dying from seeking physician assistance to end their lives. The government argued that allowing any form of assisted suicide creates possibilities of vulnerable individuals being coerced to end their lives, or that those with periods of depression could end their lives. The debate is expected to move to the Supreme Court of Canada. They last reviewed and upheld the assisted-suicide ban in 1993, according to The Globe and Mail in October.

Hong Kong Turns to Public Input for Retirement Plan

In Hong Kong, nearly 10,000 households will be interviewed for their views on a universal retirement plan. According to an article that appeared in The Standard on October 26, Matthew Cheung Kin-Chung, the Secretary for Labor and Welfare, indicated that the government’s Central Policy Unit is reviewing new ways to strengthen retirement protection. Chung is reported to have encouraged lawmakers to remain cognizant between an old age living allowance and universal retirement protection.

Michael Chodos, director of the Small Business Administration’s Office of Entrepreneurial Development, delivered the summit’s keynote address. He was introduced by Marc Freedman, JD, MBA, the founder of Encore.org and a recipient of GSA’s Maxwell A. Pollack Award for Productive Aging.

Chodos said that, over the past decade, Americans between the ages of 55 and 64 have had a higher rate of entrepreneurial activity than those between the ages of 20 and 34, according to data from The Kauffman Foundation.

To assist these “encore entrepreneurs,” as he called them, the Small Business Administration and AARP recently formed a partnership to provide counseling and training to 100,000 individuals over the age of 50 who want to start or grow a small business.

After the keynote address, attendees actively participated in several hours of facilitated breakout roundtable discussions designed to develop cross-sector consensus about priorities for research, programs, policies, and capitalization options to advance entrepreneurship and self-employment in mid-life and beyond.

During lunch, the group heard from self-billed “serial entrepreneur” Randal Charlton, who spoke about the creation of BOOM! The New Economy, a startup affiliated with Wayne State University’s TechTown that offers training, mentoring, and internships to people over 50 exploring new careers. In 2011, his work earned him Encore.org’s Purpose Prize, an award given to older adults working to solve social problems.

The summit was the capstone event of the academy’s multi-year research- and policy-focused initiative to expand work roles and economic security for older adults, funded by The Atlantic Philanthropies. The ideas and solutions that emerged from the event will be published in a summary report planned for early 2013. For more information, contact O’Neill at goneill@agingsociety.org or Isele at elizabeth@seniorentrepreneurshipworks.org.

**Participating Organizations**

**Government**
- U.S. Administration for Community Living
- U.S. Environmental Protection Agency
- U.S. Small Business Administration
- U.S. Treasury Community Development Financial Institutions Fund

**Banking**
- Capitol One
- TD Bank

**Microfinance**
- Association of Enterprise Opportunity
- California Association for Micro Enterprise Opportunity
- Corporation for Enterprise Development
- National Federation of Community Development Credit Unions

**Education**
- Babson College Lewis Institute in Social Innovation
- Baruch College Lawrence N. Field Center for Entrepreneurship
- Boston College Sloan Center on Aging & Work
- Miami University Scripps Gerontology Center
- Temple University Intergenerational Center
- University of Akron
- University of Baltimore Merrick School of Business
- University of North Carolina

**Startups**
- BOOM! The New Economy
- Impact IQ

**Foundations**
- AARP Foundation
- The Atlantic Philanthropies

**Nonprofits**
- AARP
- Ashoka
- Ashoka U
- Community Foundation for Southeast Michigan
- Encore.org
- Generations United
- The Gerontological Society of America
- National Council on Aging
- National Association for Community College Entrepreneurship
- New York Academy of Medicine
- Senior Entrepreneurship Works
Optimal Aging Through Research

Call for Abstracts
Submission form available mid-December
Abstract Deadline: March 15, 2013

geron.org/abstracts

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