Members Granted Free PP&AR Access
As of January 2014, GSA will partner with Oxford University Press to publish Public Policy & Aging Report (PP&AR). As a result, members will receive online access to the complete catalog of current and past issues.
View archived content now at ppar.oxfordjournals.org/content/by/year.

Website Allows for Easy Profile Updates
If you recently graduated, moved, or changed institutions, make sure GSA has your new contact information. This will ensure the timely delivery of your subscribed journals and newsletters. Log in at www.geron.org in the blue box on the left side of the page, and then click “Update Profile.”

Correction
The Program Book for GSA’s Annual Scientific Meeting in New Orleans contained inaccurate information about two members. M. Powell Lawton Award winner Patricia Parmelee, PhD, is the director of the Center for Mental Health & Aging and a professor in the Department of Psychology at the University of Alabama. New GSA Fellow Colleen M. Galambos, PhD, is a professor in the School of Social Work and the Sinclair School of Nursing at the University of Missouri.

New President Outlines Vision for Year Ahead
Dear Colleagues,
Please join me in advancing and expanding our gerontology connections in 2014! Together with GSA staff and colleagues around the world, let’s work together to extend our aging network outward in new directions. One ongoing GSA initiative involves exploring and building potential collaborations with gerontology scholars in China. Please let me know about your international and multicultural activities — what other opportunities might be fruitful for GSA to pursue?

Looking within GSA, let’s continue encouraging interdisciplinary gerontology connections among members through focusing on new activities that cross boundaries within and among our sections, Emerging Scholar and Professional Organization, Association for Gerontology in Higher Educations, task forces, committees, social work and nursing projects, and government and corporate partners. Our journal, newsletter, and report editors are uniquely positioned to promote research, policy, and advocacy connections. It’s also time to review GSA’s strategic goals and ensure they align with current directions and connections. What suggestions do you have for fostering productive new networks within GSA?

A major highlight of the GSA membership year is our Annual Scientific Meeting, renowned for opportunities to make and renew professional and

New Fundraising Effort Puts Mentoring at Center Stage
A special project of the GSA Innovation Fund known as The Mentoring Effect has been launched to jumpstart new activities and pilot innovative means for mentoring within the organization.

Designed as a three-year campaign, The Mentoring Effect will be supported by donations from members and overseen by GSA’s Task Force on Mentoring. Outcomes may include an endowed lecture, travel money for mentors, webinars, special sessions at the Annual Scientific Meeting, or distribution of a customize mentoring handbook.

This initiative is being spearheaded by GSA Fellows Deborah T. Gold, PhD, and Keith E. Whitfield, PhD, both former chairs of the Behavioral and Social Sciences Section and recipients of its Distinguished Mentorship in Gerontology Award. Gold currently chairs the Task Force on Mentoring.

“Mentoring has always been central to scholars in aging and the GSA mission but few financial resources have been available to support mentoring activities,” said Gold, an associate professor of psychiatry & behavioral sciences, sociology, and psychology & neuroscience at Duke University. “The founders of The Mentoring Effect include many former
From the Executive Director

GSA Offers Ways to Both Give Back and Give Forward

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

Some of GSA’s volunteer leaders are nominated to hold office or other positions within the Society; others take it upon themselves to find meaningful ways to contribute to the organization that many consider their professional home.

Then there are those who have served in both of these capacities, seen in the examples of Deborah Gold and Keith Whitfield. As you learned on the front page, they were the driving force behind The Mentoring Effect, which is a special project the GSA Innovation Fund has launched to ensure we’re doing our best to support the development of emerging scholars and professionals.

Their proactive leadership illustrates the passion GSA members have for the important work of the Society. All people who give to The Mentoring Effect are participating in a generative effort — it’s a chance to repay your own mentors by making sure future gerontologists have the same opportunities you did, and more. So at this time of year, when many people make donations to worthy causes, please consider continuing your support for GSA.

It’s also a time of giving thanks, and there are a lot of people who deserve our appreciation. 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 further recognize GSA’s outgoing president, Larry Rubenstein, for his service over the past year, as well as Association for Gerontology in Higher Education President Janet Frank, whose two-year term ends in February.

My gratitude is additionally extended to all of GSA’s employees at our Washington headquarters. My “year-in-review” column last month listed the Society’s major accomplishments from 2013, and the staff had a major role in most of these. What may not have been clear is that many of our biggest projects were rolled out toward the end of the year during the run-up to the annual meeting. For example, the launch of the Hartford Change AGents Initiative and our co-sponsoring of the first Trans-NIH Geroscience Interest Group summit took place just weeks prior to our trip to New Orleans. That meant the GSA team had to tackle new responsibilities during an already busy time, and I applaud their dedication and hard work.

Our eyes are now turned to the future and GSA’s next Annual Scientific Meeting. The Call for Abstracts is online now and we’ll start accepting abstracts on December 15. It’s important to note — and you can be sure we’ll remind you many times — that both the abstract deadline and meeting dates will be earlier than in previous years. Submissions are due by March 5, and the meeting itself will take place from November 5 to 9. That puts us in Washington, DC, during the week of Election Day, so don’t miss out on the chance to discuss its outcomes with your colleagues.

And speaking of colleagues, there’s one more opportunity to show your appreciation for members of the GSA community. The Mentoring Effect will benefit our successors, but we also have a means to honor those who have already made an impact on aging research, education, and practice — 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
Perez Receives Hispanic Leader Award

Adriana Perez, PhD, the co-director Hartford Center of Gerontological Nursing at Arizona State University, was recognized as one of the “40 Hispanic Leaders under 40” published in Latino Perspectives magazine’s August 2013 edition. The recipients are a diverse group of young leaders from throughout Arizona who have made great contributions to their communities. Perez has devoted much of her research and time to studying cardiovascular health promotion among older Hispanics.

Yu to Study Exercise Program's Effects on Memory

Fang Yu, PhD, RN, GNP, an associate professor in the University of Minnesota School of Nursing, will lead a $3.04 million study investigating the effects of a six-month aerobic exercise program on memory and brain function in participants with Alzheimer's disease. She was awarded funding for the five-year study by the National Institute on Aging this fall. Yu teaches geriatric nursing and conducts research on interventions for improving memory and function in older adults.

Caserta Bestowed with Pioneer Award

University of Utah College of Nursing professor Michael Caserta, PhD, has been given the Utah Aging Alliance’s Pioneer Award. The award recognizes significant contributions to advance the field of aging in Utah. Caserta was involved in the creation of the award more than 20 years ago.

Dong Given Elder Abuse Prevention Award

The National Committee for the Prevention of Elder Abuse gave the 2013-2014 Rosalie Wolf Award to XinQi Dong, MD. This distinction is given to an individual who has demonstrated dedication and commitment to the ideals that prevent and reduce the incidence of elder abuse, neglect and exploitation and to promote awareness through research, education, policy, and/or practice.

In Memoriam

Thorsten Nikolaus, MD, a GSA member since 1999, passed away in September at the age of 58. He spent 16 years as chief physician at the Geriatric Clinic in Oststadt, Germany, and since 2003, he held the dual role of medical director of the Bethesda Clinic at Ulm University and the Agaplesion Bethany Hospital in Heidelberg, Germany. He studied medicine in Saarbrücken and Heidelberg, where he also completed his residency training in internal and geriatric medicine.

New Publications by Members


Members in the News

- Research conducted by Maria Norton, PhD, and Lennarth Johansson was discussed in the Washington Post on October 7 in an article titled “A new study links stress in middle age with dementia later in life.” The piece detailed the linkage between midlife stressors and increased probability of developing any kind of dementia.
- Julie Masters, PhD, was mentioned in an Associated Press article on October 15 titled “NU to teach interior design for elderly.” A new online program at the University of Nebraska will enable designers to create comfortable and supportive environments for older people.
- An October 21 Reuters article titled “Poor sleep tied to Alzheimer’s-like brain changes” included research conducted by Adam Spira, PhD. The study revealed that sleep disturbances may be a factor to be leveraged to prevent Alzheimer’s disease.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members.

Linda George, PhD, and Lydia Manning, 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:

Evan Plys

The recipient, who became eligible after referring new member Joie Molden was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion, visit www.geron.org/connection.
Senate Aging Committee’s New Staff Director Shares Top Agenda Items

Time flies when one is working in Congress on aging, health, and long-term supports and services issues, even when Congress is adding new meaning to the definition of gridlock. We are coming up on a year with Senator Bill Nelson (D-FL) serving as chair of the Senate Special Committee on Aging and Kim Lipsky serving as its staff director. I thought it was time to sit down and speak with Lipsky about my favorite committee, its agenda, and her take on the past year.

Prior to her current position, she worked for Senators Patty Murray, Jay Rockefeller, Daniel K. Akaka, and Bob Graham. Most recently, she was the staff director of the Senate Committee on Veterans’ Affairs. Lipsky has also played a role in creating the nonprofit Alliance for Health Reform, worked as a health care management consultant, and served as vice president for provider relations for a Medicaid managed care organization. She received a master’s degree in public administration from The George Washington University and an undergraduate degree from the University of Florida. She hails from Miami Beach.

Kim Lipsky: First, with Senator [Susan] Collins as the ranking member, we are able to do everything in a bipartisan manner. Senator Nelson and Senator Collins want to present a united bipartisan front on our issues if possible. In times of partisan gridlock, hard data and truth still matter … it has to matter. We all need to package the data and truth smarter. Of course, we want to tie a strong message to whatever it is we do, but we need to back it up with data and what older individuals are experiencing.

BL: We have seen periods when NIH [National Institutes of Health] and NIA [National Institute on Aging] budgets have been increased in an attempt to solve disease specific problems and save money in the long-term. Do you see that kind of push in the future?

KL: I think it’s possible, but I think the timing is not right for it. I haven’t seen all the evidence quantifying what we would actually save by delaying Alzheimer’s or other diseases, but we would have to hone in on that, sharpen it and make the case. We are in damage control at this point and trying to hold onto the budgets that we do have. We have to continue working on the case for increases, but it will have to be in the next session or beyond. We need help from the research community, as well, to craft our best arguments.

BL: Let me jump to the latest action on the Older Americans Act reauthorization. It started with bipartisan discussions with staff and stakeholders more than two years ago, and has moved from a comprehensive bill of more than 200 pages to a more modest 30-something page bill that was marked up last week. We need innovation and program improvements, but is it impossible in this environment?

KL: This is complicated because sometimes it’s the issue and sometimes it’s the players and politics that preclude big changes and innovations. In the long run, I am happy to see the committee pass a smaller bill where bipartisanship can work. You have to start with what’s do-able. You cannot let all innovations and improvements fall by the wayside, but in this case, we’ll get half a loaf. And we will continue to push. That is our new normal up here … not to push for these grand sweeping plans but to push for what’s do-able.

BL: Members support their own states’ educational institutions — places of higher learning; they admire the presidents and leaders of those universities. Maybe that’s another angle on this that we need to rethink.

KL: I think you are totally right. I have worked for six members and I have seen that the universities are definitely power players when it comes to the decision making. They need to communicate their value to the community and the nation.

BL: Are there take-aways that you’d like to mention from the roundtable you conducted last week that was titled "Tackling Diseases of Age: Why Research Collaboration Matters?"

KL: Coming back to how compelling this information is to members: we got tremendously good feedback from the members of Congress who did come to the roundtable. Hearing the researchers and scientists explain the disease burden directly is an incredible opportunity. I know the researchers loved the opportunity and the members loved it right back. The issue of collaborating across these diseases brings us back to limited dollars. There are limited dollars so we have to take the research nugget you find in one area of the NIH campus and transfer it over to the other applicable areas so that we don’t lose the opportunity or lose the information. There are critical issues and links there.

BL: Let me jump to the latest action on the Older Americans Act reauthorization. It started with bipartisan discussions with staff and stakeholders more than two years ago, and has moved from a comprehensive bill of more than 200 pages to a more modest 30-something page bill that was marked up last week. We need innovation and program improvements, but is it impossible in this environment?

KL: Yes, but I think the good news is that whenever members are confronted with the facts, it’s very powerful.

BL: We have lost some of our aging policy heroes and heroines from the past and we do need someone to step up and push for research and services funding.
BL: 2015 will mark the 50th anniversary of Medicare, Medicaid and the Older Americans Act. It should also be the year for the next White House Conference on Aging. Are you in support of such a conference and does the committee plan any related hearings or events?

KL: Yes, yes, and yes. Any White House conference raises the profile on all of these issues. I would encourage the White House to begin planning at this point. Chairman Nelson is very much invested in it. We have looked at what came out of the last one — Part D for example, and its anniversary is next month. The chairman cares a great deal about Part D. We like to use the anniversaries to look back and look ahead. One of the benefits of working on the aging committee is that we are able to go very deep on an issue and this is one of the areas where we are digging very deep. Last spring, Chairman Nelson and Ranking Member Collins asked the GAO [Government Accountability Office] to look at the information on plans and prices provided to beneficiaries. We have a working hypothesis on how that information can be better prepared and given to beneficiaries. I am told that the GAO report should be out shortly. It will help us to focus on next steps. We continue to look at rebates for brand name drugs. The chairman has asked the inspector general for updated data on the top plans and generics out there and to compare Part D drug costs with Medicaid. Senators Nelson and Collins have introduced legislation that would, for instance, give beneficiaries the right to appeal for a lower copayment for drugs on the specialty tier. This is the only area where beneficiaries have no appeal rights whatsoever. There are some seriously high costing drugs and we want beneficiaries to at least have the opportunity to appeal so that they can have a lower copayment. We think that this is a great program, it is generally working well, and we want to strengthen it in the areas of pricing and access to drugs.

BL: GAO may provide enough for a hearing in the future.

KL: Absolutely. We are contemplating a series of hearings on Part D.

BL: You know that I work on elder justice issues and you and your boss have been superb on fighting fraud and the scams that affect older people. We are getting to the point where the EJA [Elder Justice Act] needs to be reauthorized next year — and we’ve only spent about $8 million of the $770 million that was authorized. What are your next steps in this area?

KL: Nothing cries out for better messaging than this area. Funding for elder justice is key to its success. I know that we have talked about child abuse and that progress was only made possible because of the funding. That funding has not been forthcoming for programs to stop elder abuse. Advocates must continue to demand the investment that the law promised. The squeaky wheel gets the grease — end of story! Outside pressure to encourage members is needed so that they will do the hard work and provide the money. Further, the aging committee will be doing oversight on the implementation of the recommendations of the Elder Justice Coordinating Council, which are things that federal agencies can do without additional funds.

BL: I know you have spent lots of time on the Commission on Long-Term Care [LTC] reports. Are you going to have hearings on this and how do you plan to help keep this issue alive?

KL: We were going to have a hearing on this during the shutdown which we had to postpone for obvious reasons. So we have a soft date of December 18; we really think that the commission report has value — although some folks are not 100 percent enamored of it. We have to start building some momentum on this. It’s like your first question about disease; we have to start to talk about these issues. Like the other topics we talked about, when members start to hear the numbers and hear about the impacts of long-term care both financially and on quality of care, it’s very compelling. My boss just published an op-ed in The Hill newspaper last week on LTC. These are the toughest, most expensive issues — but we have to tackle them. Senator Nelson is also on the Budget Committee and the Finance Committee and I know it is very much on his mind. Considering that we are not going to have a grand bargain this year, he wants to start talking about these issues now.

BL: What else is on your agenda?

KL: You know we have such a wide range of opportunities and issues to work on and it’s tremendously gratifying to work here.  We can go from looking at Medicare Part D to issues such as Publisher’s Clearinghouse and their questionable ways of luring in the aging population with marketing of their products. That is an ongoing investigation for us right now. The chairman has a strong desire to use the committee to stop scams and fraud. We are looking at issues related to precious metals, gold investments, and seniors. And we have held hearings on the Jamaican phone fraud scam and tax-related identity theft, and more. The elderly population needs to be really careful and vigilant in dealing with all these sorts of things. On the LTC policy side, Senator Nelson is extremely concerned about the managed LTC waiver operating in Florida and what affect that is having on access and quality. For the chairman, oversight and hearings should lead to an action or legislation or an improvement in the issue or additional investigations. Recently, we had a very strong hearing on advanced illness and end-of-life issues and we are working now to see how to ensure Medicare Advantage plans do a better job of ensuring that the wishes of those nearing the end of life are recorded, respected, and followed. Because Senator Nelson sits on the Finance Committee, we have the ability for him to have some influence on tax and retirement issues as well. He sponsored a bill that encourages savings by not penalizing people for tapping their 401k accounts for short-term loans, that is called the SEAL Act [S. 606, the Shrinking Emergency Account Losses Act of 2013]. We are also trying to work in concert with the Consumer Financial Protection Bureau [CFPB] to address fraud and abuse. Senator [Elizabeth] Warren is an active member of the aging committee and she is an expert on these issues and the CFPB.

BL: Thank you so much and we look forward to working with you on many of these issues!
Continued from page 1 - New President Outlines Vision for Year Ahead

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*primary care for the growing aging population. The project is a care workforce to provide accessible, coordinated and collaborative chronic disease management and geriatric syndromes. PCOA is part of a HIGN mission to prepare the interprofessional health care workforce to provide accessible, coordinated and collaborative primary care for the growing aging population. The project is a collaboration between HIGN, the Consortium of NY Geriatric Education Centers, and the National Nursing Centers Consortium, a nationwide network of Nurse Managed Health Clinics and Federally Qualified Health Centers. HIGN will also be rolling out a PCOA group webpage on generationnp.com, where advanced practice nurses in primary care will have an opportunity to collaborate virtually to enhance their knowledge and skills, while also accessing tools to help them care for the growing population of older adults in primary care. Participants will also have the opportunity to obtain free Nursing Continuing Education. Other HIGN federally-funded initiatives include a new post-master's certificate in advanced practice nursing, and the development of an innovative model of collaborative, coordinated care involving professionals and students of nursing, pharmacy, and social work joining forces to improve interprofessional care and medication management for frail elderly patients living in the community. For more information, visit hartfordign.org/practice/pcoa, or contact HIGN at hartford.ign@nyu.edu. The PCOA project is supported by funds from the Department of Health and Human Services, Health Resources and Services Administration, the Bureau of Health Professions, and Division of Public Health and Interdisciplinary Education.

Nursing Institute Launches Online Training Modules

The Hartford Institute for Geriatric Nursing (HIGN) at New York University College of Nursing has announced the pilot release of its new e-Learning Primary Care for Older Adults (PCOA) clinical training modules at hartfordign.org/practice/pcoa. The 12-module initiative is designed to prepare the primary care workforce to meet the unique healthcare needs of older adults. Over 50,000 advanced practice nurses, primary care physicians, and other health care professionals will have access to these evidence-based, online resources, which teach interprofessional standards of care for chronic disease management and geriatric syndromes. PCOA is part of a larger HIGN mission to prepare the interprofessional health care workforce to provide accessible, coordinated and collaborative primary care for the growing aging population. The project is a collaboration between HIGN, the Consortium of NY Geriatric Education Centers, and the National Nursing Centers Consortium, a nationwide network of Nurse Managed Health Clinics and Federally Qualified Health Centers. HIGN will also be rolling out a PCOA group webpage on generationnp.com, where advanced practice nurses in primary care will have an opportunity to collaborate virtually to enhance their knowledge and skills, while also accessing tools to help them care for the growing population of older adults in primary care. Participants will also have the opportunity to obtain free Nursing Continuing Education. Other HIGN federally-funded initiatives include a new post-master's certificate in advanced practice nursing, and the development of an innovative model of collaborative, coordinated care involving professionals and students of nursing, pharmacy, and social work joining forces to improve interprofessional care and medication management for frail elderly patients living in the community. For more information, visit hartfordign.org/practice/pcoa, or contact HIGN at hartford.ign@nyu.edu. The PCOA project is supported by funds from the Department of Health and Human Services, Health Resources and Services Administration, the Bureau of Health Professions, and Division of Public Health and Interdisciplinary Education.

CDC Document Compiles U.S. Health Data

The Centers for Disease Control and Prevention's (CDC) Healthy Aging Program has released a "Healthy Aging Data Portfolio" that focuses on the health and well-being of older persons in the U.S. Two factors will significantly affect health and social systems: longer life spans and a dramatic increase in the number of older adults, primarily because of the aging of baby boomers. The population of U.S. residents aged 65 years or older is expected to double during the next 25 years to about 72 million persons. The portfolio is a compilation of published reports that focus on adults aged 50 to 64 years or at least 65 years, depending on the nature of the report. The portfolio includes the newly released report "The State of Aging and Health in America 2013," which is referenced above. National, state, and local public health and aging services network professionals, researchers, health-care providers, journalists, decision makers, and others interested in the health of older adults can use the portfolio to examine national, state, and selected local area data, create custom reports, learn about related expert recommendations and "Healthy People 2020" objectives, and find links to informational resources. The portfolio is available at nccd.cdc.gov/dph_aging/default.aspx, and additional information about CDC's work on healthy aging is available at www.cdc.gov/aging.

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CDC Releases 2013 State of Aging Report

“The State of Aging and Health in America 2013,” recently released by the Centers for Disease Control and Prevention (CDC), provides a snapshot of the nation's progress in promoting prevention, improving the health and well-being of older adults, and reducing behaviors that contribute to premature death and disability. There are 15 key health indicators in the report that address health status (physically unhealthy days, frequent mental distress, oral health and disability); health behaviors (physical inactivity, nutrition, obesity and smoking); preventive care and screening (flu and pneumonia vaccine, breast and colorectal cancer screening); and fall injuries for Americans age 65 years or older. To view the report, visit www.cdc.gov/aging/pdf/State-Aging-Health-in-America-2013.pdf.

Continued from page 1 - New President Outlines Vision for Year Ahead

As I embark on an exciting gerontology adventure during the upcoming year, I am honored to serve as GSA president, grateful for the recommendations and support I’ve already received, eager to collect other suggestions you will send, and committed to promoting excellence in aging research, education, practice, policy, and advocacy. My e-mail address is rmb@vt.edu.

personal ties. Karen Fingerman, PhD, and Karen Hooker, PhD, have graciously agreed to serve as program co-chairs for the 2014 conference in Washington, DC. (Please note the dates — November 5 to 9 — are earlier than previous GSA meetings). The conference theme, “Making Connections: From Cells to Societies,” embraces the entire GSA organization. Gerontologists assess unstable molecular bonds in cells and study enduring human ones in families. We test for relationships among variables and examine them among retirement community residents. Our research generates alliances that improve community services and policies for older adults and their families. This theme challenges researchers to present their best evidence on aging-related connections they investigate, ranging from the smallest particles examined in the lab to the broadest macro-level issues examined globally. It challenges educators to evaluate the ties they establish with students and community groups and the links they develop between aging-related research findings and effective pedagogy. It challenges practitioners and advocates to translate science into best practices for aging adults, their networks, and communities.

The abstract submission deadline, March 5, is also earlier than in previous years. What new work can you present at the Annual Scientific Meeting?

As I embark on an exciting gerontology adventure during the upcoming year, I am honored to serve as GSA president, grateful for the recommendations and support I’ve already received, eager to collect other suggestions you will send, and committed to promoting excellence in aging research, education, practice, policy, and advocacy. My e-mail address is rmb@vt.edu.
Meet Your New ESPO Executive Committee!

Thanks are given to Tracy Davis, PhD, and the incoming ESPO Executive Committee officers for their contributions to this installment of ESPO News.

After each GSA Annual Scientific Meeting, a new cadre of members steps in as the next set of ESPO Executive Committee officers. It is my pleasure to present the incoming leadership for 2014. You, the ESPO membership, voted for these individuals and they are here to represent you and your professional needs as budding gerontologists to GSA at large. Please keep an eye and ear out for them throughout the upcoming year.

**Chair: Candace Brown, MAG, MEd**

Brown is a doctoral candidate in the Health Related Science Program, with a focus in Gerontology, at Virginia Commonwealth University. 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 neuromyofascial system among professional athletes. She is currently working on her dissertation, which focuses on understanding the motivations of midlife Black women who participate in triathlons. As an active part of GSA and ESPO since 2008, Brown is excited to continue building ESPO while working with GSA. The vision of ESPO as a platform for receiving mentoring, gaining opportunities for networking, and as a stepping stone to continued leadership throughout the society for students and junior scholars will continue to be promoted. In addition, Brown is aiming to increase the number of accepted ESPO scholarly research presentations at the annual conference from international members. She is confident this will be achieved through collaborations from Society section representatives and members.

**Chair-Elect: Elizabeth A. Hahn, PhD**

Hahn completed the doctoral program in the School of Aging Studies at the University of South Florida in 2012. Her dissertation work examined daily experiences of stress and memory in individuals with mild cognitive impairment. Currently, she is a post-doctoral research fellow in the Lifespan Developmental Psychology Lab at Brandeis University in Waltham, MA. Her work broadly focuses on behavioral and psychological factors that influence healthy cognitive and emotional aging. Hahn has been a member of GSA since 2008, and since 2010, she has enjoyed serving as a volunteer leader in various ESPO positions. She was previously an ESPO secretary, and prior to that the chair of the Student Paper/Poster Awards committee. As chair-elect, Hahn said she is looking forward to continuing the development and visibility of the ESPO organization as a system for both support and networking for emerging scholars and professionals of GSA. Hahn said she will work to engage a greater number of the existing student and transitional members in attending and learning about ESPO’s activities and programs both at the annual meeting as well as throughout the year.

**Secretary: Jessica P. Lendon, PhD**

Jessica Lendon is a post-doctoral fellow within the VA Greater Los Angeles Health Care System, where she is researching family caregiving at the end of life, quality indicators of hospice/palliative care, and caregiver support programs within the VA. In 2012, she received her PhD from the University of Southern California’s Davis School of Gerontology. Her doctoral studies focused on the intergenerational ambivalence over the life course, which she has presented at GSA Annual Scientific Meetings. She has been active in GSA as a student presenter since 2008 and recently completed her service as the ESPO Senior Representative for the Task Force on Mentoring. As secretary, she said her primary goal is to contribute to and engage ESPO members in maintaining the high level of valuable content for ESPO’s section of *Gerontology News*. She said she is looking forward to getting to know the newest student members and offer the same level of scholarly and social support she received as a student. Lendon added that she will also help facilitate continued collaboration between the GSA Council, ESPO, and AGHE on mentoring activities that are vital to emerging scholars.

**Communications Chair: Shannon Mejía, MS**

Mejia is a doctoral candidate in human development and family studies at Oregon State University, where she recently completed a National Science Foundation-funded Interdisciplinary Graduate Education and Research Traineeship in aging sciences. In her research, Mejía examines how individuals work towards goals and regulate emotions within the complexities of their interpersonal and social environments, and the connection between these regulatory processes and adult development, health, and well-being. Her dissertation examines the interplay of proximal and distal social forces and the extent to which individuals are able to maintain a sense of well-being through activating their interpersonal resources in the face of change and uncertainty. In her interdisciplinary work, Mejía also works with colleagues in computer science to understand how the use of data visualization can augment self-regulatory processes among older adults, and to provide tools that assist researchers with data analysis. As the ESPO Communications Chair, Mejía said she will focus on channels of communication across GSA sections, new media strategies for emerging scholars to disseminate their research, and promoting science literacy.
and current leaders of GSA who believe in supporting mentoring to insure an outstanding future for the Society.”

Gold and Whitfield spent the last several months conducting a “silent” fundraising phase, where they solicited pledges from longtime GSA members prior to the official launch announcement at GSA’s recent Annual Scientific Meeting in New Orleans. They were able to secure commitments totaling more than $85,000. These founders are recognized below.

“We expect that The Mentoring Effect will provide support for mentoring activities at the Annual Meeting for at least five years,” said Whitfield, the vice provost for academic affairs at Duke University. “Over the coming year, The Mentoring Effect begins its ‘open’ phase in which other Society members will be asked to give what they can to strengthen future generations of emerging scientists and the support the scholars who mentor them.”

The GSA Innovation Fund was launched in 2010 as an annual giving campaign to commemorate the organization’s 65th Anniversary. It was designed to be used to create products, programs, and services to benefit members. Thus far, it has been used to support webinars, Careers in Aging Week activities, advocacy training, and the recently re-launched GSA Ambassador Program.

More information about making tax-deductible contributions to The Mentoring Effect can be found on GSA’s website at www.geron.org/giveback. This page also includes tools to help members both pay tribute to past mentors and ask them to be a part of the project.

GSA gratefully acknowledges the founders of The Mentoring Effect:

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Nina Silverstein
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Nancy Whitelaw
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Fredric Wolinsky

Cognitive Behavioral Therapy Found Successful in Treating Older Veterans’ Depression

Researchers have found significant and equivalent reductions in depressive symptoms for both older and younger veterans undergoing Cognitive Behavioral Therapy for depression (CBT-D), according to an article published in *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*.

This study, led by Bradley Karlin, PhD, at the U.S. Department of Veterans Affairs, is among the first to compare changes in depression and quality of life and to examine the therapeutic alliance in both younger and older adults, and to do so using a large, diverse national sample of veterans.

Previous studies have found that older adults utilize mental health services at very low rates, substantially lower than those documented for younger individuals.

“Untreated depression in older adults is associated with poorer quality of life, significantly increased mortality, increased suicide rates, exacerbation of and/or delay in recovery from medical illness, and considerable economic, social, family, and overall societal costs,” the authors state.

They add that this evaluation demonstrates the promise and effectiveness of CBT-D in counteracting depression and provides encouragement to older adults in seeking treatment.

Karlin’s team analyzed the effectiveness of CBT-D among 864 veterans — 100 were age 65 and above and 764 were age 18 to 64 — seeking treatment within the Veterans Health Administration. The CBT-D treatment protocol was developed specifically for veterans and military service members and is intended to be administered in approximately 12 to 16 individual psychotherapy sessions.

Approximately 68 percent of both older and younger patients completed all sessions or finished early due to symptom relief. Of those, there was an average overall reduction of close to 40 percent in Beck Depression Inventory-II scores — used to assess the severity of depression — from the early phase to the later phase of treatment.

The project was supported by Mental Health Services within the U.S. Department of Veterans Affairs Central Office.
funding opportunities

RRF Grant Application Period Begins
The Retirement Research Foundation (RRF) is currently accepting proposals for its application deadline on February 1, 2014. The RRF is devoted to improving quality of life for older Americans. Through its grants program, RRF supports direct service; advocacy; education and training programs for professionals working with elders; and research to seek causes and solutions to significant problems of older adults. Proposals for projects that have a local focus are considered from organizations based only in seven states: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, and Florida. Advocacy, training, and research projects of national relevance are considered from organizations located anywhere in the U.S. The RRF is based in Chicago and is one of the nation's first private foundations devoted exclusively to aging and retirement issues. To learn more, visit the RRF website at www.rrf.org/apply/the-new-rrf-website-learn-more.

Nursing Scholarship Fund Established in Mezey's Name
Nurses Educational Funds, Inc. (NEF) has announced that the John A. Hartford Foundation has endowed a scholarship fund in honor of GSA Fellow Mathy Mezey, PhD, RN, FAAN. She is a professor emerita, senior research scientist, and associate director of the Hartford Institute for Geriatric Nursing at New York University College of Nursing. Her life-long work has been dedicated to geriatric nursing education and to improving the quality of care for older people in hospitals and long-term care facilities. Her decades of leadership in the care of older adults motivated and fostered thousands of nursing and other students to focus their efforts in the field of geriatric care. One of Mezey's preferred philanthropies is the awarding of scholarships that enable nurses to further their education; this interest matches perfectly the mission of NEF. The NEF Mathy Mezey Fund will provide monies to students specializing in geriatric nursing at both the masters and doctoral levels of education. Awards are provided to nursing students in accredited masters and doctoral programs, preparing leaders in education, practice, and research. The NEF application period concludes February 1, 2014. See www.n-ef.org for additional information concerning scholarships, past awardees, and the on-line application process.

NIA Seeks Applications to Further Secondary Data Analyses
The National Institute on Aging (NIA) supports the collection of data relevant to behavioral and social research on the dynamics of health, well-being and disability in midlife and older age. NIA-supported studies include data on cognition, personality and sociodemographic factors, health and physical function, genetics, long-term care, caregiving, behavior change, the social environment, retirement, and economic and subjective well-being over the lifecourse. The NIA recently issued a funding opportunity announcement to solicit two-year grant applications for secondary analysis of data on aging in the areas of psychology, social epidemiology, economics, sociology, and demography. This issuance of the secondary data analysis program focuses specifically on the following seven priority areas: effects of early life on adult health; social relationships, social engagement, and health; methods to improve survey harmonization; trajectories of disability, health and well-being; health, work, and retirement at older ages; family demography of aging; and premature mortality and disability life years. Applications are due February 3, 2014. Details can be found at grants.nih.gov/grants/guide/rfa-files/RFA-AG-14-008.html.

NIH Monies Slated for Previously Under-Supported Institutions
The National Institutes of Health (NIH) is continuing to make a special effort to stimulate research at educational institutions that provide baccalaureate and/or advanced degrees for a significant number of the nation's research scientists, but that have not been major recipients of NIH support. The Academic Research Enhancement Award (AREA) program funds are intended to support new and renewal biomedical and behavioral research projects proposed by faculty members of eligible colleges, universities, schools, and components of domestic institutions. The AREA program will enable qualified scientists to receive support for small-scale research projects. These grants are intended to create a research opportunity for scientists and institutions otherwise unlikely to participate extensively in NIH programs. It is anticipated that investigators supported under the AREA program will benefit from the opportunity to conduct independent research; that the grantee institution will benefit from a research environment strengthened through AREA grants and furthered by participation in the diverse extramural programs of the NIH; and that students at recipient institutions will benefit from exposure to and participation in scientific research in the biomedical and behavioral sciences. The application should include plans to involve undergraduate or graduate students in the proposed research. However, the AREA program is a research grant program, not a training or fellowship program. The application should include plans to expose students to hands-on research and should not include training plans. The AREA grant opportunity expires September 8, 2016. For further information, see www.grants.nih.gov/grants/guide/pa-files/PA-13-313.html.

Scholarships Offered to Gerontology Students
A Place for Mom, the nation’s largest senior living referral service, is offering the Senior Care Innovation Scholarship to aid in the training and education of future senior care leaders in the area of gerontology. The scholarship is open to anyone who is currently pursuing an associate’s or bachelor’s degree, or graduate-level programs in the fields of gerontology, medicine, nursing, sociology, or long-term care administration. In recognition of their commitment to the field, five winners will each receive $1,000 toward their studies. The deadline for applications is April 30, 2014; visit www.aplaceformom.com/scholarship for more information.
National Science Foundation funding will allow 11 new doctoral students to study aging over the next 2 years at Oregon State University. This Integrative Graduate Education and Research Traineeship (IGERT) is the first and only IGERT program in the nation with a focus on aging sciences. The program provides a $30,000 stipend and support for tuition and research.

Students will be mentored by faculty in existing research cores at Oregon State’s Center for Healthy Aging Research: 1) diet and genetics  2) musculoskeletal 3) psychosocial and 4) gerontechnology.

Students from diverse disciplines, including psychology, sociology, public health, nutrition, exercise sciences, engineering, computer sciences, chemistry, biology, design and other disciplines are welcome to apply for Fall 2014.

Dr. Karen Hooker is the program’s Principal Investigator. Program information is available on the IGERT in Aging Sciences website: http://health.oregonstate.edu/igert/ or contact Anne.Hatley@oregonstate.edu.

RAND is pleased to announce the 21st annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 7-10, 2014. The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 7-8) and a workshop on the Demography, Economics Psychology and Epidemiology of Aging (July 9-10). 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 2014 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 web site: http://www.rand.org/labor/aging/rsi/.

For additional information, please contact Cary Greif (cary_greif@rand.org).
The National Hartford Centers of Gerontological Nursing Excellence (NHCGNE) has announced the election of new officers to its Board of Directors. NHCGNE’s mission is to enhance and sustain the capacity and competency of nurses to provide quality care to older adults through faculty development, advancing gerontological nursing science, facilitating adoption of best practices, fostering leadership, and designing and shaping policy.

**President**

Ginette Pepper, PhD, RN, FAAN (Hartford Center of Geriatric Nursing Excellence, University of Utah College of Nursing) will serve a second consecutive term as president. Pepper said her vision includes balancing “mission with margin, sustainability of the consortium with sustainability of the founding centers, the wisdom of established leaders with the innovation of new leaders, and needs of the founding schools with those of the new members.” She added, “Keys to attaining this balance will include a clear and shared vision, transparency and open communication, and embracing new methods and relationships.”

**Treasurer**

Claudia Beverly, PhD, RN, FAAN (Hartford Center of Geriatric Nursing Excellence, University of Arkansas for Medical Sciences) will serve a second consecutive term as treasurer.

**Nominations Committee**

Nelma Shearer, PhD, RN, FAAN (Hartford Center of Gerontological Nursing Excellence, College of Nursing and Health Innovation, Arizona State University)

Casey R. Shillam, PhD, RN-BC (Western Washington University, Woodring College of Education)

**Director-at-Large**

Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP (University of Maryland School of Nursing)

These officers join Theresa Harvath, PhD, RN, CNS, FAAN (Hartford Center of Gerontological Nursing Excellence, Oregon Health & Science University School of Nursing), whose term as secretary will expire next year.

The NHCGNE Coordinating Center is located at GSA. Since 2000, this program has had the generous backing of the John A. Hartford Foundation, augmented with monies from The Atlantic Philanthropies and the Mayday Fund. These partners have invested over $80 million in national efforts to build academic gerontological nursing capacity through their support. The program has supported over 200 predoctoral and postdoctoral nursing scholars who have stimulated excitement about the field among nursing students and practicing nurses. They are the leaders who will shape future care for older persons.

NHCGNE Executive Director J Taylor Harden, PhD, RN, FAAN, offered “a special welcome to our new board member and officers. I applaud them for their dedication, leadership and service to NHCGNE and look forward to their innovation.”

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The University of Illinois at Chicago, School of Public Health, Division of Community Health Sciences is recruiting candidates with an outstanding research background in health promotion interventions with African American and/or Latino older adults for a tenured associate or full professor position. In addition to holding a faculty appointment in Community Health Sciences, the successful candidate will assume a leadership role in the Center for Research on Health and Aging.

This senior level position is also the lead position in a Chancellor-sponsored campus wide cluster hire initiative entitled “Health Promotion for Racially and Ethnically Diverse Older Adults” and will be actively involved in recruiting four additional tenure track faculty specializing in related research in Disability and Human Development, Physical Therapy, Occupational Therapy and Health Policy and Administration.

Qualifications include a PhD in Public Health or a related area; Expertise in gerontology and health promotion interventions for African American and/or Latino older adults; Exceptional research and scholarly capacity with a strong track record of external funding; A distinguished record of publications related to health promotion interventions for minority older adults; At least 5 years of experience teaching graduate level courses and mentoring graduate level students.

Interested individuals can contact Mary Jo Kuffner at kuffner@uic.edu for more information. To apply please visit: https://jobs.uic.edu/job-board/job-details?jobID=37297&job=associate-or-full-professor-chs

Salary is commensurate with experience and qualifications. The University of Illinois is an AA/EEO/ADA institution committed to cultural diversity. For fullest consideration apply by December 31, 2013. This position will remain open until filled.
Department of Gerontology
University of Nebraska at Omaha

The Department of Gerontology at the University of Nebraska at Omaha (UNO) invites applications for two tenure track positions to begin August 2014. These positions are at the level of Assistant Professor; both new PhDs and advanced assistant professors will be considered.

About UNO’s Department of Gerontology

The Department of Gerontology is responsible for serving as the primary provider of gerontological education in the state of Nebraska. Educational paths include certificates at the undergraduate and graduate levels, an undergraduate minor, a Master of Arts in Social Gerontology, and a joint doctoral degree program in Human Sciences with a specialization in gerontology with the University of Nebraska–Lincoln (UNL). We also offer collaborative programming with the UNL College of Law and the UNL Department of Interior Design. The Department offers courses on the Omaha and Lincoln campuses and online.

Qualifications:

- We seek candidates with demonstrated ability in teaching and a strong research agenda and publications in highly ranked journals.
- The candidate must also demonstrate an interest in working with doctoral students and a commitment to doctoral education.
- We are seeking faculty members who can teach courses including Psychology of Adult Development and Aging, Biology of Aging, Health Aspects of Aging and courses in research methods.
- Applicants must hold a PhD in Gerontology, Psychology, Human Development, Biology or a related field.

To apply:

Go to UNO Human Resources website and submit the following items electronically:

- Letter of interest
- Curriculum vitae
- 3-5 year research agenda
- Applicants must also arrange for three letters of recommendation to be sent directly to:
  Julie Masters, Ph.D.
  Department of Gerontology
  310 Nebraska Hall
  901 North 17 Street
  Lincoln, NE 68588-0362
  Letters may also be sent via email to jmasters@unomaha.edu

The University and the Department of Gerontology have a strong commitment to achieving diversity among faculty and staff. We are particularly interested in receiving applications from members of under-represented groups and encourage women and racial/ethnic minorities to apply.

For answers to questions about this position, please contact the Department Chair, Julie Masters, 402-472-0754.

gero.unomaha.edu

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Belgium Bill Could Extend Euthanasia to People with Alzheimer’s Disease

Belgium’s government is scheduled to consider whether or not it will extend its laws allowing euthanasia to include those suffering from long-term diseases of the brain such as Alzheimer’s disease, according to an article published in *The Independent* on October 6. Belgium is reported to have relaxed rules for people who are suffering to take their own lives, and the article indicates that since 2002, any adult in Belgium who is reported by two doctors as undergoing “unbearable psychological or physical suffering” can consent to be allowed to die, most commonly by an injection of a lethal combination of drugs. Assisted suicides reportedly account for approximately 1 percent of all deaths in Belgium. The current bill being considered could extend medically-assisted euthanasia to those diagnosed with Alzheimer’s disease. In Europe, Belgium, the Netherlands, and Luxembourg have laws that allow for euthanasia in extreme circumstances. In Switzerland and Germany, doctors can prepare the necessary lethal injection however the patient must administer it themselves.

Toronto’s Poor Seniors Face Waiting List for Dental Care

Toronto, Ontario, may be facing a dental service issue for older adults, according to an article that ran in the *Toronto Star* on October 23. It indicated that the waiting period for a low-income senior to receive dental cleaning services or a dental checkup can be up to three years. The article reported that there are approximately 5,000 older adults trying to obtain an appointment in one of Toronto’s Public Health’s 23 clinics. However, the wait time for non-urgent care varies across the city from nine-months on one end of the city to two and half years on the other side of the city. Public health officials reportedly said that older adults needing urgent care, such those in dental pain or individuals with dentures that have broken, can be seen within 24 hours; however, with an aging population and thus an increased demand for dental services, it may not be possible. Although dentists recommend one checkup a year, in the current situation, that isn’t possible for low-income seniors. The article indicated that the free dental program for low-income older adults is municipally funded, but the free dental program for children from low-income families is funded from both the city and the province and does not have a wait list. There are individuals interested in requesting the Ontario legislature to use unspent money earmarked for children’s dental care under the province’s Poverty Reduction Strategy to go toward impoverished adults. The article has indicated that in years past, funds that have been earmarked for the emergency dental program for children have been placed in other unrelated programs, whereas individuals would that those funds to go into the free dental program for adults.

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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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Ithaca College Lands Grant to Train Health Professionals

The Ithaca College Gerontology Institute has received a federal grant of $73,254 to train health professionals as a participant in the Finger Lakes Geriatric Education Center (FLGEC) Consortium, awarded by the Health Resources and Services Administration of the U.S. Department of Health and Human Services. In addition to Ithaca College and the University of Rochester, other members of the FLGEC grant consortium include SUNY College at Brockport, New York Chiropractic College, and the Wegmans School of Pharmacy at St. John Fisher College. Currently there are 45 GEC programs throughout the U.S., training doctors and other health professionals in the care of aging people. The Ithaca College Gerontology Institute’s FLGEC offers training opportunities at no charge to agencies, hospitals and other groups that provide services to older adults.

BA in Gerontology Established at Niagara University

A new Niagara University Bachelor of Arts degree program in gerontology, offered through the College of Arts and Sciences, will introduce students to the study of aging and the aged, and also provide opportunities for experiential learning, including research training, internships and community service placements working with the older adults. GSA member Susan E. Mason, PhD, is the program coordinator. Applications are now being accepted for the spring of 2014. Along with the 120-credit undergraduate program, a minor in gerontology is also available to students.

Certificate in Gerontology with Concentration in Interior Design offered at University of Nebraska

The University of Nebraska is offering a new online program for a graduate certificate in gerontology with a concentration in interior design. Courses are taught collaboratively by faculty from the University of Nebraska-Omaha and University of Nebraska-Lincoln. GSA member Julie Masters, PhD, is a professor and chair of the University of Nebraska-Omaha Department of Gerontology, and has indicated that the program is designed for individuals to create comfortable and supportive environments for older individuals. She said that architects, engineers, interior designers, realtors, hospital or nursing administrators, health care workers and others would be ideally suited to the program, as would current master’s degree students in gerontology, interior design or architecture. The graduate certificate includes 18 credit hours. The certificate joins other University of Nebraska online programs in related fields, including undergraduate and graduate certificates and a master’s degree in social gerontology, and a master’s degree in architecture with a specialization in interior design.

Translational Research in Aging Training Program

Three postdoctoral positions are available for the “Translational Research in Aging Training Program” starting between June and September, 2014. Harvard Medical School faculty from a number of HMS teaching affiliates will mentor trainees in aging research. Two years of salary and educational support will be provided by an NIA funded National Research Service Award (T32 grant), awarded to Beth Israel Deaconess Medical Center. Trainees are eligible for loan forgiveness. Research Mentors’ areas of interest include:

- Biology of aging
- Delirium and dementia
- Epidemiology, genetics and nutritional aspects of bone and muscle
- Nonlinear dynamics of frailty and aging
- Mobility and Brain Functioning
- Gait, balance, foot biomechanics and falls
- Palliative Care / Health Policy
- Vascular aging and blood pressure regulation

Candidates should submit via email a CV and Letter of Intent (1-2 pages) indicating their research interest and whether they seek to be matched with a mentor. Letters of Intent are due December 19, 2013. Applications are now being accepted for the spring of 2014. Along with the 120-credit undergraduate program, a minor in gerontology is also available to students.

Program Director • Gerontology

The Colleges of Liberal Arts and Sciences and Health and Human Services of the University of North Carolina at Charlotte seek a senior scholar to serve as the Program Director for the interdisciplinary Gerontology Program.

Applications must be submitted electronically at https://jobs.uncc.edu. Interested candidates should submit a cover letter describing qualifications, research focus, administrative experience, and approach to leadership, scholarship and teaching; a CV; and the names and contact information of three references.

The University of North Carolina at Charlotte is an AA/EOE and an ADVANCE institution that strives to create an academic climate in which the dignity of all individuals is respected and maintained. Screening of applications will begin December 15, 2013 and will continue until the position is filled.

Dr. Boyd Davis, Chair, Search Committee for Gerontology Program Director, bdcwilson@uncc.edu

Beth Israel Deaconess Medical Center and Harvard Medical School are Equal Opportunity Employers