NIA Funds Bolster Biological Sciences’ Meeting Program

The National Institute on Aging (NIA) has awarded GSA a grant to support Biological Sciences Section programming at the Annual Scientific Meeting for the next two years. For the 2014 meeting this November in Washington, DC, the funds will enable a track of seven non-competing symposia featuring emerging concepts in the basic biology of aging, as well as the participation of junior investigators. Biological Science Section Chair Charlotte Peterson, PhD, is serving as the principal investigator.

“The NIA grant enables us to attract the most prominent leaders in the field of aging research to present their most impactful new results and to discuss their translational potential,” Peterson said. She added that the goal of the program is to raise awareness of recent, fundamental advances in the understanding of aging biology and facilitate translation into clinical interventions.

“From the Basic Biology of Aging to Healthspan Interventions,” builds directly on the momentum of the 2013 conference,” Peterson said. “The symposia will present results from current approaches designed to promote healthspan, and highlight studies on mechanisms underlying age-associated dysfunction that may provide new potential targets and strategies for intervention.”

The topics of the seven symposia include knowledge gained from large cohort studies (slated for the presidential symposium), aging...

Continued on page 11

Journal Honors Field’s Pioneers; Cites Influential Studies

The February 2014 issue of The Gerontologist is a special issue devoted to the legacy of groundbreaking contributions to the field of gerontology throughout its history. The contents focus on noted researchers and their work and explain their relevance for future applied research, policy, and practice.

“Remembering Our Roots,” as the issue is titled, should reach subscribers’ mailboxes by early February. All GSA members are entitled to online access by logging in at www.geron.org/thegerontologist.

Rachel Pruchno, PhD, the editor-in-chief of The Gerontologist, noted that the new issue will provide value to both seasoned researchers and emerging scholars.

“As a collection, the articles examine the lives of some of the people and the foundations of some of the institutions that formed the roots of our discipline,” Pruchno said. “The authors highlight the history of a diversity of concepts and themes and they remind us that gerontology is a science rooted in the goal of making life better for older people.”

A total of fifteen articles look back at how the science of gerontology developed and how the ideas and seminal contributions of the field’s academic ancestors influenced how modern scholars think about aging today. The pieces focus on individuals who steered the study of aging, the constructs and theories that form the fundamentals of gerontology, and the broad range of methods by which scientific knowledge was generated.

Continued on page 12
From the Executive Director

Enhanced Benefits Await Members in 2014

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

GSA owes a debt of gratitude to the individuals and organizations that made financial contributions in support of the Society’s mission in 2013. We’re proud to acknowledge them on pages 8 and 9 of this month’s newsletter. And let me assure you that in the months ahead, GSA will support its members as strongly as you have supported us.

As covered in Gerontology News over the past year or so, GSA has established many new programs, products and services, and in 2014, we will be working to make sure they are successfully meeting members’ needs. The cover of this month’s issue, for example, talks about efforts that will enhance the offerings of our Biological Sciences Section program at the Annual Scientific Meeting.

Over the course of 2013, we solicited member feedback and engaged our volunteer leaders on their wants and needs for GSA’s online presence. In a few months, we will be rolling out a completely revised geron.org website. Beyond a superficial change, the site will have the ability to foster online communities where members can build profiles and interact with one another unlike ever before.

This also coincides with an increased presence on social media over the last several months. Are you following GSA on Facebook and Twitter? Join the conversation at facebook.com/geronsociety and twitter.com/geronsociety, respectively. Another online resource that members can look forward to is coming soon from GSA’s educational branch, the Association for Gerontology in Higher Education. It will soon launch an interactive version of its popular Directory of Educational Programs in Gerontology and Geriatrics.

GSA’s Emerging Scholar and Professional Organization, too, is implementing plans to better serve members through a career development webinar series. The first installment, recorded in early February, is focused on getting manuscripts published and soon will be archived at www.geron.org/webinar.

Speaking of publications, we recently announced that subscriptions to Public Policy & Aging Report have been added as a member benefit. As of this month, its website joins that of our other journals as being optimized for mobile devices, and we’ve launched an app that makes accessing subscriptions on your iPhones and iPads even easier. (Search for “GSA Journals” in the App Store for the latter.) Another online resource coming in the near future is a series of training modules based on our recent publication “Communicating with Older Adults: An Evidence-Based View of What Really Works.” The series is directed at health care professionals and other support staff but will prove useful to any professionals seeking to have optimal interactions with the aging population. We’ll make announcements when the modules become available through GSA’s website.

Furthermore, GSA’s bylaws, the Society’s governing documents, are being revised to make sure they’re up to date. GSA members will be asked to vote on the changes during the next elections — which brings up a good opportunity to remind everyone that our voting process is taking place a month earlier than in previous years. (We’ve adjusted the schedule due to the fact that our 2014 Annual Scientific Meeting will take place from November 5 to 9, which also is earlier than usual.) Online ballots will reach your inboxes the first week of March and may be submitted until April 15.

James

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**Birren Becomes COAD Associate**

The Center for Optimal Adult Development (COAD) has named former GSA President James Birren, PhD, an honorary lifetime associate. This distinction is given to “difference makers” who have devoted a great part of their life in service to the multidisciplinary fields of adult development, learning, and change. Birren is a pioneer in the field of aging, having worked at the Naval Medical Research Center, the U.S. Public Health Service, the National Institute of Mental Health, and the National Institute on Child Health and Human Development. Before his retirement in 2003, Birren also taught at the University of Southern California and the University of California, Los Angeles Center on Aging.

**Stephens Earns APA Award**

The Aging and Health Committee of the American Psychological Association (APA) has bestowed the 2013 Developmental Health Award upon Mary Ann Stephens, PhD. She is a professor of psychology and dean of graduate studies at Kent State University. Over three decades, she has conducted research that has made significant theoretical and empirical contributions in the fields of family caregiving in middle and late life, chronic illness and long-term couples, and social control of health behaviors. Her research program has been funded by the National Institutes of Health.

**Bould’s Fellowship Focuses on Women's Retirement Income**

GSA Fellow Sally Bould, PhD, an emeritus professor of sociology at the Gerontology Institute at the University of Massachusetts Boston, has received a senior fellowship from the European Institutes for Advanced Study (EURIAS). She will be completing a nine month residency at the Flemish Academic Centre for Science and the Arts in Brussels in June of 2014. The study involves the impact of varying welfare regimes and motherhood policies on women’s retirement income in France, Belgium, Sweden, Germany, and Italy. The EURIAS program is an initiative of a Network of European Institutes for Advanced study. Created in 2004, the network brings together 17 institutes for advanced study across Europe.

**Rowe Receives Humanism in Aging Leadership Award**

The University of New England College of Osteopathic Medicine awarded former President John Rowe, MD, the 2013–2014 Humanism in Aging Leadership Award, which recognizes a prominent geriatrician who exemplifies humanism and innovation in his or her approach to improving the lives of older adults. Rowe is a professor in the Department of Health Policy and Management at the Columbia University Mailman School of Public Health; he was director of the MacArthur Foundation Research Network on Successful Aging and currently leads the MacArthur Foundation’s Research Network on an Aging Society.
Our Role as Advocates in Tight Budget Times

Some bipartisanship has continued here in the nation’s capital since my last installment in January. Now, the two-year Bipartisan Budget Act (PL 113-67) agreement has turned into a bipartisan, bicameral agreement on appropriations levels for FY 2014, which President Barack Obama signed into law. The fact that we are surprised about this and have our collective fingers crossed for the upcoming debt limit debate shows how far we have fallen from the regular order and civility of our governing bodies.

The Fiscal Year 2014 Consolidated Appropriations Package put together by House Appropriations Chairman Hal Rogers (R-KY) and Senate Appropriations Chair Barbara Mikulski (D-MD) set funding for the National Institutes of Health (NIH) at $29.934 billion for the rest of the fiscal year. This is a $1 billion increase over funding in FY 2013. National Institute on Aging funding grew from the 2013 level of $1.101 billion to $1.171 billion. Compared to some programs that received only the amount they had gotten after the across-the-board sequestration last year or less, this is relatively good news. The budget deal did not provide enough funds for appropriators to return all programs to earlier levels. But many advocates were disappointed that the funding level for the NIH was less than both what the president and the Senate had recommended. Further, it’s about $950 million less than the NIH 2012 level. And let’s not even start the discussion of how it looks when adjusted for inflation.

It has been reported that the FY 2014 funding level will keep the NIH’s current research programs going and fund approximately 385 additional research studies and trials. Among other things, the bill includes additional funding for Alzheimer’s disease research. The Senate Appropriations Committee bill summary noted that “the total payments for healthcare, long-term care, and hospice for people with Alzheimer’s and other dementias are projected to increase from $203 billion in 2013 to a staggering $1.2 trillion in 2050. Without a medical breakthrough to prevent, slow, or stop the disease, Medicare and Medicaid costs related to Alzheimer’s could rise an estimated 500 percent. Research is desperately needed to bring those costs under control.”

In response to the deal, Carrie Wolinetz, PhD, president of United for Medical Research, said, “The FY14 omnibus spending bill falls short of restoring funding for lifesaving National Institutes of Health biomedical research. The proposed package won’t adequately reverse the damage done by last year’s budget sequester and ensure the nation’s biomedical research enterprise makes continued progress in lifesaving research and development.”

Some programs in the Health Resources and Services Administration (HRSA) fared slightly better this year. The line item including Geriatric Education Centers, the Geriatric Academic Career Awards Program, and Geriatric Training for Physicians, Dentists, and Behavioral Mental Health Professionals grew from $30.877 million in FY 2013 to $33.321 million in FY 2014, which is also higher than the $32.6 it received for FY 2012. However, the Comprehensive Geriatric Education line item was reduced from $4.521 million to $4.362 million. Most Older Americans Act programs received level funding for FY 2014, but some were fortunate to receive increases, including congregate and home-delivered meals, and there were transfers from the Affordable Care Act’s Prevention and Public Health Fund to provide $8 million for Chronic Disease Self-Management and $5 million for Elder Falls Prevention.

The 113th “do-nothing” Congress has already done more than many pundits had predicted by passing a budget agreement and an omnibus appropriations bill to keep the government running. The next challenge will be to raise the debt limit without delays and without a government shutdown and harm to the economy. The debt limit allows the government to borrow enough money to pay its bills and it is scheduled to expire in late February or early March.

The whole budget/appropriations process begins anew when the president’s FY 2015 budget is released on March 4. In difficult fiscal times like we have experienced in the last few years, there are definitely winners and losers in the appropriations game. Some causes barely make it through the regular season without cuts, some do pretty well in the playoffs, and only a few make it to the championship games and the Super Bowl. (Don’t worry, football analogies are almost done for the year and then we’ll move on to March Madness.) My point is this: we may have some fans out there and some on Capitol Hill, but it is our job to educate and advocate for the value of the research, education, training, and services we do that improve the lives of millions of older persons. If we don’t do it, it won’t be done.

FY 2015 is the next opportunity to ensure that your Senators and member of House of Representatives know the value of your work to the community, the state, and to older adults. The Gerontological Society of America and the National Association for Geriatric Education, for example, advocate for increased funding for NIH/NIA and for geriatric education programs. They each work with coalitions like Friends of NIA and the Health Professionals and Nursing Education Coalition in order to show strength in numbers. But your members of Congress are often less interested in the viewpoints of a coalition that they are in the work being done at institutions and facilities in their own districts and states. They care about jobs, funding, teaching, and accomplishments in their home towns and home states. The basic foundation should be educating your members about the value of your work to the issue itself, to your community, to the nation.
“We believe that developing lasting relationships with your members of Congress or their staff by contacting them every month or two with relevant information (new research, stories, and articles) for their issue areas is an effective way to strengthen their trust in you and your institution.”

Of course a great combination for advocacy includes both organizations that represent your viewpoints and personal contact from constituents themselves and in many cases the respected institutions where they work. The value of the personal connection cannot be underestimated. A face to a disease, a name to a fact, a constituent to support — this is the ammunition that a member of Congress can use to fight for a funding level or a program. These stories, be they of success or failure, provide the raison d’etre for the funding level. A success story shows why a program should be continued; a problem or ongoing need shows why a program or project should be continued. The key is to use the power of the personal as an example. Kind of like the old “a picture is worth a thousand word” aphorism. Every new discovery or analysis that adds a piece of information to the puzzle of how to improve lives, save money, and prevent disease is valuable. Here is how you can do it.

Talk to your colleagues about a strategy for telling your story to your members of Congress. Send one letter signed by several of you or send several letters signed individually. Personalize. Emphasize efficiency and effectiveness. Describe incremental progress. Show how incremental progress adds to the body of knowledge that moves us all forward.

Over the years I have provided tips and talking points on advocacy, and they are available on the GSA website. Here is a summary of the basic tools you need to educate and advocate on behalf of your program and aging issues effectively. Visit www.geron.org/advocacy to read each of these sections in full.

**The Legislative Process** provides an overview of the types of legislation, the role of individual Members of Congress, and the importance of committees. For a simple request for additional funds or to support a bill, one may not need to know everything about the committee system and the differences between the House and Senate procedures, but it doesn’t hurt to understand the players and how they can affect change on your behalf. The timing of your advocacy is important as well, and knowing who to speak to during each stage of the legislative process can make (or break) your success.

**Glossary of Legislative Terms** is more helpful that one might think. Just as Hill staff might not understand the jargon that a researcher might use, you might not understand the vernacular of the Hill.

**Public Policy and Advocacy: The Basics** provides details on how to effectively communicate with your members of Congress and their staff. Don’t let this put you off from getting right to work on communicating with your legislators, but do take a look at the helpful tips on how to set up meetings, write letters, and conduct meetings if you have the chance. The materials also give you a sense of which staff do what work on the Hill and how to find legislation or other resources about issues.

**Leadership Structure** provides the basics on “who is in charge” of Congress.

**Roles of Congressional Staff** tells you the commonly used titles and principal functions of key staff.

**Key Congressional Committees** is a list of the most important committees for aging and health issues.

**Hill Visit** provides more tips for a Capitol Hill visit or a visit back in the district or state, such as bringing a short summary of your research.

In addition to these, there are more materials, including an advocacy training slide show and video that I have prepared, examples of talking points you could use, and a GSA fact sheet.

We believe that developing lasting relationships with your members of Congress or their staff by contacting them every month or two with relevant information (new research, stories, and articles) for their issue areas is an effective way to strengthen their trust in you and your institution. They will learn that you don’t only contact them when you want their support for something. As a respected expect in your field, they will benefit from your interaction with them and hopefully your programs and issues will as well. They may even turn to you for information, advice, or to testify at a hearing.

Recently, I spent some time on the Hill with Greg O’Neill, director of GSA’s policy branch, and Elizabeth Isele, co-founder of Senior Entrepreneurship Works. We educated congressional staff and members about the need to spotlight the growth in self-employment and entrepreneurship in the 50-plus population around the country. This outreach was undertaken as follow-up work to GSAs’s “New Engines for a New Economy” Summit on senior entrepreneurship that was convened in late 2012 (see cover article in December 2012 *Gerontology News*). Both Senator Mary Landrieu (D-LA), chair of the Senate Commerce Committee’s Subcommittee on Small Business and Entrepreneurship, and Senator Ben Nelson (D-FL), chair of the Special Committee on Aging, and their staffs thought highly of the ideas we shared and they are planning a hearing on February 12. This will be streamed live at www.aging.senate.gov, but if you read this article after the hearing has taken place, it will be archived on the website for later viewing. Landrieu and Nelson also have requested comments on a piece of legislation they recently introduced on encore entrepreneurship at beta.congress.gov/bill/113th/senate-bill/1454.

You may have similar opportunities to the ones I describe above, but until you develop the relationships, you may not know they exist. In closing, I again urge you to take that first step toward advocacy action. It’s critically important.
The Gerontological Society of America recognizes outstanding individuals through a host of awards. For a full description of nomination requirements and the list of past awardees, visit www.geron.org/Membership/Awards or e-mail GSA’s awards coordinator at awards@geron.org.

CAREER AWARDS

Nominations for these awards must be submitted by the first Monday in May (with the exception of the Social Gerontology Award). Self-nominations are not accepted.

Society-Wide

Donald P. Kent Award: This award is given annually to a GSA member who best exemplifies the highest standards for professional leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society.

Robert W. Kleemeier Award: This award is given annually to a GSA member in recognition for outstanding research in the field of gerontology.

M. Powell Lawton Award: This $2,500 award honors contributions from applied gerontological research that have benefited older people and their care.

Maxwell A. Pollack Award for Productive Aging: This $8,000 award recognizes instances of practice informed by research and analysis, research that directly improved policy or practice, and distinction in bridging the worlds of research and practice.

Margaret M. and Paul B. Baltes Foundation Award: This $1,000 award acknowledges outstanding early career contributions in behavioral and social gerontology.

Doris Schwartz Gerontological Nursing Research Award: This $300 award is presented to a GSA member who has a record of outstanding and sustained contribution to geriatric nursing research.

Task Force on Minority Issues in Gerontology Outstanding Mentorship Award: This award recognizes outstanding commitment and dedication to mentoring minority researchers in the field of aging.

Gene Cohen Creativity and Aging Research Award: This award, given in association with the National Center on Creative Aging, recognizes a professional whose research clearly shows that creative activities, particularly arts programs, can maintain and even improve the physical, emotional, and cognitive well-being of older adults.

Theoretical Developments in Social Gerontology Symposium and Paper Award: To be considered for this $2,000 award, original concept papers or letters of intent on social gerontology theory are due to the awards coordinator on March 5. The best concept papers/letters of intent will be invited to participate in a symposium at the Annual Scientific Meeting, and some may be invited to submit a full paper for award consideration.

Nathan Shock New Investigator Award: This $1,500 award recognizes innovative and influential publications. It acknowledges outstanding contributions to new knowledge about aging through basic biological research.

Behavioral and Social Sciences (BSS) Section

Distinguished Career Contribution to Gerontology Award: This award recognizes career contributions that have articulated a novel theoretical or methodological perspective or synthesis that addresses a significant problem in the literature.

Distinguished Mentorship in Gerontology Award: This award is given to an individual who has fostered excellence in, and had a major impact on, the field by virtue of their mentoring, and whose inspiration is sought by students and colleagues.

Richard Kalish Innovative Publication Award: This award recognizes insightful and innovative publications on aging and life course development in the behavioral and social sciences in two categories: (1) The Book Category, which provides a $250 award; and (2) The Article Category, which provides a $250 award.

Joseph T. Freeman Award: This $250 award is given for lectureship in geriatrics to a prominent physician in the field of aging, both in research and practice.

Excellence in Rehabilitation of Aging Persons Award: This $250 award is designed to acknowledge outstanding contributions in the field of rehabilitation of aging persons.

PAPER AND POSTER AWARDS

Applicants for these awards also must submit an abstract for GSA’s Annual Scientific Meeting. The deadline is March 5; visit www.geron.org/abstracts for details.

Society-Wide

Senior Service America Awards for Research Related to Disadvantaged Older Adults: These awards, sponsored by Senior Service America, Inc., acknowledge outstanding applied research that advances understanding of disadvantaged older adults. There are two levels: (1) The Senior Scholar Level, which provides a $500 award to a GSA member within five years of receiving a terminal graduate degree; and (2) The Junior Scholar Level, which provides a $250 award to a GSA member within five years of receiving a terminal graduate degree.

Biological Sciences (BS) Section

George Sacher Student Award: This $500 award is given to the best student presentation by a GSA member from the BS Section at the Annual Scientific Meeting.

Behavioral and Social Sciences (BSS) Section

Student Research Awards: These awards are given for completed empirical studies dealing with a topic of relevance to GSA’s BSS Section. There are two levels: (1) The Dissertation Level, which provides a $1,000 award for an exemplary paper by a student member who received a doctorate no more than 18 months before the submission deadline; and (2) The Pre-Dissertation Level, which provides a $500 award for an exemplary paper by a student member who has yet to attain a doctoral degree.

Health Sciences (HS) Section

Research Award: This $1,000 award is given to a new investigator in the HS Section. It is designed to encourage postdoctoral research and encourage participation in the Annual Scientific Meeting.

Person-in-Training Award: This $500 award is given for an exemplary paper written by a student member of the HS Section.

The Austin Bloch Post-Doctoral Fellow Award: This $400 award is designed to encourage research and to foster interest among students in the HS Section to play an active role in the Annual Scientific Meeting.

Social Research, Policy, and Practice (SRPP) Section

Student Research Awards: These manuscripts must address a significant research, policy, or practice topic; be research-based, conceptual, or analytical; and contribute to the body of knowledge. There are two levels: (1) The Carroll Estes Senior Scholar, which provides $500 award for an exemplary paper by a student member who received a doctorate no more than 18 months before the submission deadline; and (2) The Elaine Brody Junior Scholar, which provides a $300 award for an exemplary paper by a student member who has yet to attain their doctoral degree.

Outstanding Student Poster Award: This $300 award is given for an exemplary poster by a student member (graduate or undergraduate) for excellence in research as reflected in an outstanding poster presentation.

Emerging Scholar and Professional Organization (ESPO)

Interdisciplinary Paper Award: This $250 award is given for the best interdisciplinary empirical or theoretical research paper on an aging-related topic.

Poster Award: ESPO offers five awards for exemplary posters.

Douglas Holmes Award for Quality of Life/Quality of Care: This $500 award solicits original papers that exhibit outstanding research in improving social services for the elderly in long-term care.

Task Force on Minority Issues in Gerontology Student Poster Award: The Task Force for Minority Issues in Gerontology offers a Poster Award to recognize minority ESPO members of GSA for innovative and demonstrated research focusing on issues surrounding diverse racial and ethnic population groups (Blacks, Hispanic/Latinos, Asian/Pacific Islander, Native Americans).
The following awards were announced during GSA’s 66th Annual Scientific Meeting in New Orleans. The Society salutes the outstanding researchers below for their contributions to gerontology and thanks the selection committees for their time and efforts in choosing the winners. For information on how to apply for GSA’s awards, visit www.geron.org/Membership/Awards.

### Society-Wide

**Theoretical Developments in Social Gerontology Award**
- Jan Baars, PhD, University of Humanistic Studies
  “Aging, Autonomy and Justice. Beyond Independence”

**Senior Service America, Inc., Senior Scholar Award for Research Related to Disadvantaged Older Adults**
- Sunha Choi, PhD, MSW, The University of Tennessee
  “How does satisfaction with medical care differ by citizenship status and where they live?: A county-level multi-level analysis”

**Emerging Scholar and Professional Organization Interdisciplinary Paper Award**
- Lenis P. Chen-Edinboro, PhD, EdM, Johns Hopkins Bloomberg School of Public Health
  “The Relation of Iron Status to Depressive Symptoms in the Elderly InCHIANTI Population”

**Poster Award**
- Marlene Elena Starr, PhD, University of Kentucky
  “Csprs is a Novel Adipose-Specific Biomarker of Aging”

**Task Force on Minority Issues in Gerontology Student Poster Award**
- Rong Fu, MS, Purdue University
  “Exploring the Mediating Effect of Family Support on the Association Between Living Arrangements and Functional Limitations in Chinese Older Adults: Evidence for Rural-Urban Differences”

**Douglas Holmes Award for Quality of Life/Quality of Care**
- Sienna Caspar, EBD, University of British Columbia
  “The Influence of Organizational Systems on Information Exchange in Long-Term Care Facilities: An Institutional Ethnography”

### Behavioral and Social Sciences Section

**Student Research Award – Pre-Dissertation**
- Philip Sayegh, MPH, PhD, University of Southern California
  “Neuropsychological Language Tests in Dementia Diagnosis in Hispanic and Non-Hispanic White Outpatients”

**Student Research Award – Pre-Dissertation**
- Shannon T. Mejia, MS, Oregon State University
  “Relationship Processes within the Social Convoy: Structure, Function, and Social Goals”

### Health Sciences Section

**Research Award**
- Bríain ó Hartaigh, PhD, Yale School of Medicine
  “Elevations in Time-Varying Resting Heart Rate Predict Subsequent All-Cause Mortality in Older Adults”

**Person-In-Training Award**
- Junxin Li, MSN, University at Buffalo
  “Factors Associated with Daytime Sleepiness in Nursing Home Residents”

### Social Research, Policy, and Practice Section

**Carroll L. Estes Award – Senior Scholar**
- Amanda A. Holup, MA, University of South Florida
  “Transitioning Residents from Nursing Homes to Community Living: The Role of Facility Characteristics”

**Carroll L. Estes Award – Senior Scholar – Honorable Mention**
- Alexis M. Coulourides Kogan, MSG, University of Southern California
  “The SWIFT Study: Characteristics and Risk factors Associated with Patients That Decline a Home Transitions Intervention”

**Outstanding Student Poster Award**
- Lin “Helen” Jiang, MSsc, LLB, University of Denver
  “An Examination of the Effects of Retirement Age Policies on Government Pension Payments and GDP Growth in China”

**Outstanding Student Poster Award**
- Jonah D. Lee, PhD, University of Kentucky
  “Sarcopenia and Hypertrophy in Aged Skeletal Muscle are Independent of Lifelong Muscle Stem Cell Depletion”

**Outstanding Student Poster Award**
- Jennifer M. Ohman BSN, RN, Grand Valley State University
  “Factors Associated with Life Space Mobility in Community Dwelling Older Adults”

**Outstanding Student Poster Award**
- John Mach, BS, The University of Sydney
  “Age-Related Changes to the Intrinsic Death Pathway in Livers of Fischer 344 rats”

**Outstanding Student Poster Award**
- Jennifer L. Vincenzo, PT, MPH, CHES, CGS, University of Arkansas
  “Differences in Muscle Activation and Postural Sway Among Older and Younger Adults”

**Douglas Holmes Award for Quality of Life/Quality of Care**
- Sienna Caspar, EBD, University of British Columbia
  “The Influence of Organizational Systems on Information Exchange in Long-Term Care Facilities: An Institutional Ethnography”
GSA is deeply indebted to the following agencies, corporations, foundations, and individuals for their contributions to the Society and its activities during 2013.

### GSA Innovation Fund
**Benefactor**
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  - Annette Schmidt
  - The Claude Pepper Center, Florida State University

**Patron**
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  - Jacqueline Angel
  - Dana Bradley

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  - Dana Bradley
  - Jacqueline Angel
  - Andy Achenbaum

**Patron**
- $500–$999
  - The Claude Pepper Center, Annette Schmidt
  - James Appleby

**Benefactor**
- $1,000+
  - GSA Innovation Fund

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  - Letha Chadha
  - David Chiriboga
  - Deborah Gold
  - Judith Sugar
  - Kathy Sykes
  - Judith Treas
  - Nancy Whitelaw

### 66th Annual Scientific Meeting
- **Social Research, Policy, and Practice Section Designated Fund**
  - Barbara Berkman
  - Letha Chadha
  - Robert Eckardt
  - Amy Horowitz
  - Anne Hughes
  - Kathryn Hyer
  - Phoebe Liebig
  - Nancy Kropf
  - Nancy Morrow-Howell
  - Nina Silverstein
  - Kathy Sykes

- **Emerging Scholar and Professional Organization Scholarship Fund**
  - Toni Antonucci
  - Letha Chadha
  - David Chiriboga
  - Deborah Gold
  - Judith Sugar
  - Kathy Sykes
  - Judith Treas
  - Nancy Whitelaw

- **AARP**
- **Age UK**
- **American University**
- **American Federation for Aging Research**
- **CVS**
- **Glenn Foundation for Medical Research**
- **The John A. Hartford Foundation**
- **Johns Hopkins University School of Nursing**
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- **Pfizer**
- **Senior Service America, Inc.**
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- **Tulane Center for Aging**
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2013 Publications
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American Federation for Aging Research
Purdue Pharma L.P.

2013 Careers in Aging Week
National Center on Gerontological Social Work Excellence

Communicating Effectively with Older Adults: What Really Works
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Task Force on Minority Issues in Gerontology Outstanding Mentorship Award
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The National Center for Creative Aging

Senior Service America Awards for Research Related to Disadvantaged Older Adults
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NHCGNE Annual Leadership Conference
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39th Annual Meeting and Educational Leadership Conference of the Association for Gerontology in Higher Education
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Florida Policy Exchange Center on Aging, University of South Florida
Virginia Center on Aging, Virginia Commonwealth University

Learn how your support can help GSA advance research, education, and practice in the field of aging at www.geron.org/donate.
Funds Offer Research Opportunities to Aid Sandy’s Victims

A community-academic partnership between the New York City Department for the Aged and Weill Cornell Medical College has resulted in a postdoctoral research fellowship that offers a unique opportunity to build a research career in the context of a newly-funded mental health intervention for older adults impacted by Super Storm Sandy. Areas of research that the project will support include, but are not limited to, community-based partnership intervention development, community-based mental health services delivery, disaster interventions for older adults, implementation science, and community resilience strategies. Eligible candidates (psychiatrists, medical physicians, psychologists, and social/behavioral scientists) are committed to becoming independent investigators in mental health delivery research for older adults. Requirements include completion of doctoral degree before June 1. Clinical psychologists can accrue the hours necessary for licensing. The position, which can last for up to two years, is open immediately and trainees can start no later than June 1. Send a CV and a brief description of research interests to Paul Toth at pjt2003@med.cornell.edu. Additional details can be found at mentalhealthtrainingnetwork.org/institutes/t32/hom.

Michigan Postdoc Focuses on Geriatric Mental Health Services Research

The Mental Health Services Outcomes and Translation Section in the Department of Psychiatry at the University of Michigan is offering a two-year postdoctoral training program in geriatric mental health services research. This multi-site collaborative project brings together expert faculty mentors from four leading centers of excellence in geriatric mental health services research, namely at the University of Michigan, Dartmouth College, Cornell University, and the University of Washington. The goal of this training program is to increase the number of researchers in geriatric mental health services research by preparing them with the requisite skills to conduct mental health services research in age-relevant settings, populations, and service models. This initiative responds to an urgent need for research aimed at informing the future systems of care needed to address the mental health needs of a rapidly growing older population and the unique challenges related both to biological, psychological, and social changes associated with aging and to the societal approach to providing care for the aged. The two-year postdoctoral fellowship-training program is located at the University of Michigan in Ann Arbor. The training program includes mentored geriatric mental health services research training including the design and completion of a research project; seminars, research presentations, and training curriculum; and formal coursework including the opportunity for a master’s degree in public health or evaluative health sciences and health services research. Applicants must have a completed doctoral degree in medicine, psychology, social work, nursing, sociology, epidemiology, public health, health economics, or another related social science degree. This fellowship provides the opportunity for mentorship from faculty members in the Mental Health Services and Geriatric Psychiatry Sections of the Department of Psychiatry at the University of Michigan. To apply, send a CV, names and email addresses of three references, and a brief statement describing why this program and a career in the field of geriatric mental health services research interests you to Frederic C. Blow, PhD, director, Health Services Fellowship Programs, University of Michigan, at fredblow@umich.edu. For more information, visit www.mentalhealthtrainingnetwork.org/institutes/t32/overview.

NIH Funds Slated for Geriatric Palliative Care Studies

Several agencies within the National Institutes of Health (NIH) have issued a joint funding opportunity announcement to encourage research grant applications focused on palliative care in geriatric populations. This announcement emphasizes studies in a variety of settings including ambulatory care, hospitals (and specific sites within hospitals including specialty wards, intensive care units and emergency departments), assisted living facilities, and short- and long-term care facilities; however, hospice and end-of-life settings are not included within the scope, as they are the subject of other NIH programs. Rather, this opportunity highlights research on palliative care in settings and at time points earlier in geriatric patients’ disease or disability trajectories. Types of studies may include observational, quasi-experimental, or interventional studies using primary data collection and/or secondary analyses. Leveraging on-going cohorts, intervention studies, networks, data and specimen repositories, and other existing resources and infrastructure are encouraged. The next application due date is June 5. The full call can be found at grants.nih.gov/grants/guide/pa-files/PA-13-354.html.

Grants Will Spur Research on Juvenile Protective Factors for Aging

The National Institute on Aging and the Eunice Kennedy Shriver National Institute of Child Health and Human Development have issued a funding opportunity announcement to invite pilot/feasibility projects on descriptive studies to identify putative juvenile protective factors; experimental studies to test hypotheses about their effects on aging; and translational studies to explore the potential risks and benefits of maintaining or modulating the level of juvenile protective factors in adult life. Juvenile protective factors are physiological factors that maintain or enhance certain functions across all or some stages of post-natal maturation, but which diminish or disappear during transitions between developmental stages (e.g., infancy, adiposity rebound, adrenarche, puberty, growth cessation). This funding opportunity is uniquely focused on studies which involve comparisons between post-natal developmental stages or pre- vs. post-maturational changes to identify potential juvenile protective factors and their effects on aging. Pilot studies in in vitro models, in laboratory animals or in humans may be proposed. The full funding announcement can be viewed at grants.nih.gov/grants/guide/pa-files/PAR-14-022.html. The next application due date is June 16.
Report Confronts Poor Medicine Adherence Among Older Adults

The National Council on Patient Information and Education (NCPIE), a non-profit coalition of diverse organizations working to improve communication on the safe and appropriate use of medicines, has released a ten-step Adherence Action Agenda that places the spotlight on the pervasive and costly problem of poor medicine adherence, particularly among those age 65 and older with multiple chronic conditions, who are at the greatest risk of medication errors, drug interactions, and costly disease complications. Issued as a nationwide call to action, a report titled “Accelerating Progress in Prescription Medicine Adherence: The Adherence Action Agenda” finds that poor medicine adherence among patients with chronic and comorbid conditions is resulting in unnecessary disease progression and disease complications and the increased use of expensive components of health care, such as emergency room visits, hospitalizations, avoidable hospital re- admissions and post-acute care. Designed to provide up-to-date information about the state of prescription medicine adherence in the U.S. and the impact of multiple chronic conditions on appropriate medicine use, the report also identifies numerous behavioral, social, economic, medical, and policy-related factors that contribute to poor adherence in this patient population. To access this report, visit bemedicinesmart.org.

Paper Compiles Data from National Study of Long-Term Care Providers

The U.S. Centers for Disease Control’s National Center for Health Statistics recently released the first in a series of reports from the National Study of Long-Term Care Providers (NSLTCP). “Long-Term Care Services in the United States: 2013 Overview” includes general, descriptive information on the supply, organizational characteristics, staffing, and services offered by providers of long-term care services; and the demographic, health, and functional characteristics of users of these services. GSA Fellow Lauren Harris-Kojetin, PhD, is the lead author of the report. The NSLTCP is a new initiative to monitor the diverse spectrum of paid, regulated providers of long-term care services and inform long-term care planning and policymaking to meet the needs of an aging population. It uses data from the five major sectors of the long-term care services industry: adult day services centers, assisted living and similar residential care communities, home health agencies, hospices, and nursing homes to produce representative national and state estimates. The National Center for Health Statistics plans to release state-level estimates on the topics in this report in spring 2014. The report is available at www.cdc.gov/nchs/nsltcp/nsltcp_products.htm.

AARP Releases Family Caregiver Report

The AARP Public Policy Institute has released “Listening to Family Caregivers: The Need to Include Family Caregiver Assessment in Medicaid Home- and Community-Based Service Waiver Programs,” a report that presents findings from a 50-state survey examining how well the needs of family caregivers are assessed when states evaluate the needs of older people and adults with disabilities who qualify for home- and community-based services (HCBS) programs under Medicaid. It is the first detailed analysis of family caregiver assessment tools and processes in use by the states in Medicaid waiver programs. The report also highlights “promising practices” in family caregiver assessment in three states, and offers policy recommendations to expand HCBS to strengthen caregiving families. This research was supported by The John A. Hartford Foundation and the U.S. Administration for Community Living’s Administration on Aging and can be found at www.aarp.org/home-family/caregiving/info-11-2013/including-family-caregiver-assessment-in-medicaid-hcbs-waive-programs-AARP-ppi-ltc.html.
Australian Government May Face Resistance to Raise Retirement Age

Members of the Australian government have indicated the country should raise its retirement age to 67, although according to an article in The Sydney Morning Herald on December 10, 2013, the current average age of retirement for men is 59 years and for women is 50 years. The Australian Bureau of Statistics’ latest retirement survey suggests that the average age of retirement is lower than the government’s intended age among all age groups; however, almost one in five people in the labor force aged 45 or over are planning to retire when they are at least 70 years. Forty-nine percent of participants said they intended to retire between 65 and 69 years, and a quarter anticipate retiring between 60 and 64 years. It was reported that these individuals expected their main source of income to be from annuity and/or pensions.

England Sees Rise in Illegal Drug-Related Hospital Admissions

According to a December 8, 2013, article in The Telegraph, individuals aged 65 and over that are being admitted to English hospitals after taking recreational drugs has reached a record number. Nearly 900 older adults received treatment at a hospital last year after taking illegal drugs, such as cocaine, cannabis, and amphetamines. Ten years ago this number was 283. The article references figures published by the National Health Service of England, that say more than half of the drug-related hospital admissions involve those aged 75 years and over, which constitutes those who would have been in their twenties during the 1960s.

Smart Home Numbers Expected to Grow in Europe

According to a new market research report, “European Smart Homes and Assisted Living Market (2009-2014),” the European smart homes market is expected to grow in the next few years.

Irish Study Tracks Dementia’s Growth

Alzheimer’s Disease International (ADI) in Ireland has announced that the number of people living with dementia worldwide in 2013 is now estimated at 44 million, and expected to reach 76 million in 2030 and 135 million by 2050. In a report, “The Global Impact of Dementia 2013-2050,” researchers indicated a 17 percent increase in global estimates of people living with dementia, compared to the original ADI estimates in the 2009 World Alzheimer’s Report. In the next few decades the global occurrence of the disease is expected to shift from higher income countries to low and middle income countries with 71 percent of those with dementia living in lower and middle-income countries by 2050. A key part of planning and being able to cope with this situation is the introduction and implementation of a National Dementia Strategy in Ireland, which would bring Ireland in line with other key European partners including the U.K., France, and the Netherlands. Currently, ADI is working closely with the Irish government and other key stakeholders to create the country’s first national dementia strategy, which will be launched in the first quarter of 2014. Today in Ireland there are 41,700 people with Alzheimer’s and dementia. In less than 10 years this figure will have reached 70,000 and by 2041, will be at 140,000 due to the aging population.

Continued from page 1 - Journal Honors Field’s Pioneers; Cites Influential Studies

Numerous pioneers are recognized, including Robert Butler, MD, the founding director of the National Institute on Aging; Sidney Katz, MD, developer of standardized measures and processes such as the activities of daily living index; and Marjory Warren, CBE, MRCS, LRCP, known as Britain’s first geriatrician. The contributing authors give credit to dozens of other scholars who have made an impact on the field.

Pruchno said this special issue can serve as a valuable educational tool – and that its genesis was based around interactions with students. “We wanted to make sure that people new to the field are familiar with the giants on whom our science builds. Although ‘Remembering Our Roots’ is not a complete history of gerontology, the citations to earlier work provide support for the validity of arguments and avenues for interested readers to explore,” she said. Several of the articles explore how scholars evolved from focusing on the inevitable decline of human capacity to concepts such as successful aging and civic engagement. Further entries explore the role of Blacks in the history of gerontology; perspectives on senior transitions in the living environment; perceived personal control in the lives of older adults; research on social relations; and several other topics that traverse the study of aging across the last century.

“Respecting word limitations of publications such as The Gerontologist can lead us to cite only the most recent work,” said Pruchno. “But if we don’t understand our roots, we’re in danger of reinventing the wheel time and time again. I hope this issue encourages scholars to appreciate gerontology’s rich history and better explore the foundation of the work they do.”
Four Nursing Schools Join NHCGNE Ranks
The National Hartford Centers of Gerontological Nursing Excellence (NHCGNE), which is headquartered at GSA, has welcomed the following new members: Northeastern University Bouve College of Health Sciences School of Nursing, The Ohio State University College of Nursing, University of Alberta Faculty of Nursing, and University of Wisconsin-Madison School of Nursing. The NHCGNE invites schools of nursing to partner in its mission of enhancing and sustaining 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. To learn more about NHCGNE membership, visit www.geriatricnursing.org.

Rowan’s Aging Institute Receives Funds for Endowed Chair
The William G. Rohrer Charitable Foundation has pledged $1 million to the Rowan University Foundations to establish an endowed chair at the Rowan University School of Osteopathic Medicine’s New Jersey Institute for Successful Aging. The new funding will support education and research for issues impacting the older adult population, including Alzheimer’s disease and Parkinson’s research, two areas that researchers at School of Osteopathic Medicine, formerly the University of Medicine and Dentistry of New Jersey, broke ground on in the last five years. The $1 million endowment will be added to two more $500,000 gifts the Rohrer Foundation has bestowed on the school’s program for medical research and education.

Buck Institute, Davis School Partner on Biology of Aging Doctoral Program
The University of Southern California Davis School of Gerontology and the Buck Institute for Research on Aging recently announced a joint PhD Biology of Aging Program, the first in the nation. The interdisciplinary doctoral program will draw on the two institutions’ expertise in understanding the connection between aging and chronic disease through biomedical research. The Davis School is dedicated to the study of aging and health across the life span and the Buck Institute is an independent research institute focused on aging and chronic disease. Faculty from both organizations will teach courses and mentor students, with the first class starting in the fall of 2014.

Oklahoma’s Reynolds Center Secures $2.4 Million Grant
A $2.4 million grant from the Donald W. Reynolds Foundation to the Donald W. Reynolds Center of Geriatric Nursing Excellence at the University of Oklahoma Health Sciences Center College of Nursing will give the center a boost in its efforts to attract and provide additional educational opportunities for its doctoral-level nursing students. The center is devoted to improving the lives of older adults and their family caregivers by preparing highly qualified PhD faculty skilled in gerontological nursing and developing research-based solutions to support community-based aging in place.

Columbia Establishes Interdisciplinary Aging Center
To explore and better understand the aging process and its societal implications, Columbia University has established the Robert N. Butler Columbia Aging Center, named after the late GSA member and founding director of the National Institute on Aging. Its inaugural director will be GSA member Ursula M. Staudinger, PhD. The interdisciplinary center will build on existing aging-related programs and activities, translating scientific knowledge into policy and practice. It is expected to focus on the systemic nature of aging — the continuous interaction among biological, behavioral, and sociocultural factors that constitutes human development. It will forge partnerships with the academic, corporate, nonprofit, and public sectors to develop policies on aging, engage communities, and effect societal change. The center consists of an Aging Lab and the International Longevity Center, founded by Butler in 1990. The Aging Lab is dedicated to research on aging, as well as on ways that individuals and society can benefit from the latest scientific knowledge. That research enables the International Longevity Center to develop public policies and education and community-outreach programs. The longevity center is part of a global consortium of 13 such centers, including ones in Cape Town, Paris, and Tokyo.

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).

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health. RAND is an Equal Opportunity/Affirmative Action Employer.

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As a society dedicated to aging and the life course, GSA recognizes the value in quality mentoring throughout one's career and focuses on fostering these relationships. Mentorship can take shape in a variety of informal and formal ways, thus GSA has developed many opportunities for ESPO members to seek mentorship. The Societywide Task Force on Mentoring, established in 2009, has been a valuable driving force to organize and promote the mentoring sessions offered at the annual meetings by coordinating with ESPO, section chairs, and GSA staff. The 2013 Annual Scientific Meeting in New Orleans offered three great opportunities for ESPO members.

The Behavioral and Social Sciences (BSS) and Social Research and Public Policy (SRPP) Sections, the Publications Committee, and ESPO collectively sponsored the Mentoring Consultancies for Emerging Scholars. Now in its eighth year at GSA, the 2013 session focused on publication and research challenges, including research methodology and grant funding. Students and junior faculty members connected with senior faculty, researchers, and GSA leaders to discuss these professional challenges. Approximately 70 ESPO members participated in this interactive session, which offered a blend of didactic material and open dialogue.

The eighth annual BSS Fellows and Emerging Scholars Mentoring Workshop offered an informal roundtable-style opportunity for students and junior faculty to interact with BSS fellows. This year, five fellows each connected with about six ESPO members, who sought advice on topics such as publishing and pursuing tenure-track academic positions. Becky Laster, an ESPO member and social work PhD student at Bryn Mawr College, remarked that the best advice offered was, “At GSA, take any and all opportunities to put yourself out there!” A survey of participants revealed the majority of attendees indicated the session helped them understand the mentor role and will be of use in their future mentor-mentee interactions.

The GSA Fellows Mentor Program was a formally structured one-on-one mentoring session in which each of the 20 registrants was paired with a mentor for a breakfast meeting to discuss important issues relevant to the mentee. This program was designed to facilitate a mentor-mentee relationship that will continue after the Annual Scientific Meeting. The 2013 session was met with favorable review, with participants describing the meeting as “constructive,” “insightful,” and “pertinent.”

In addition to the three mentoring sessions, the 2013 meeting marked the announcement of The Mentoring Effect, a three-year development effort to raise funds specifically for mentoring events and resources. The Task Force on Mentoring is charged with identifying and managing new programs supported by these funds, which have exceeded $85,000 during preliminary fundraising.

The Task Force on Mentoring is also busy developing ways to improve mentoring throughout the Society. At the top of their list is to improve the visibility of mentoring efforts on GSA’s website. The forthcoming web pages will feature more accessible information about GSA mentoring events and include resources about professionalization and realistic expectations for a mentor-mentee relationship.

Deborah T. Gold, PhD, chair of the Task Force on Mentoring, noted, “We are pleased with the mentoring activities that took place at the 2013 annual meeting. They were uniformly well received and well attended by ESPO members. Our hope for 2014 is not only to have mentoring at the annual meeting but also to have ongoing mentoring activities throughout the year. GSA’s new web format will certainly be of great help to us.”

All ESPO members, from undergraduates to junior faculty, benefit from short-term and ongoing mentorship. Stay tuned to the GSA website (www.geron.org) for information about future mentoring-related efforts and the opportunities that will be available to enrich your 2014 Annual Scientific Meeting experience in Washington, DC.
February 2014
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Making Connections: From Cells to Societies