New President Unveils 2010 Theme, Calls for Meeting Abstracts

It is with great enthusiasm that I address you as the president of GSA for 2010. It is an honor to serve in this capacity, and I am excited to act on behalf of the nation’s leading gerontological researchers. The 2010 Annual Scientific Meeting theme that we have selected is “Transitions of Care Across the Aging Continuum.”

With the projected significant growth in the aging population in the 21st century, which includes higher numbers of minority elders than ever before, the nation is challenged to meet the needs of this demographic. Much of the care and support older adults require involve numerous transitions. These include health and health care transitions, social transitions, financial transitions, psychological transitions, and more.

I hope you all plan to participate in this year’s annual meeting — taking place in New Orleans, LA, from November 19 to 23 — and consider developing an array of symposia, papers, and posters related to the theme. As you prepare your abstracts, consider how we can better plan for and address the needs of seniors as they face life-changing transitions and, where relevant, include policy implications related to such circumstances. Initiate conversations with other scientists across disciplines to facilitate synergies that might help you better address the chosen theme.

Submit now!
www.geron.org/abstracts

Newsletter’s Debut Explores Minority Aging

By Peggye Dilworth-Anderson, PhD

WHAT’S HOT, a recently launched newsletter with a focus on aging, is the newest item in GSA’s publications catalog. The premiere issue deals with two pressing societal concerns — the economic downturn and health care reform — from the perspective of older minority adults.

Based on presentation highlights from GSA’s 62nd Annual Scientific Meeting in November 2009, the first installment of WHAT’S HOT covers topics such as the impact of the economic crisis on older workers’ health; the perceived prevalence of job discrimination among older workers; and health care utilization patterns among older Asian minorities. Support for this issue was provided by sanofi-aventis.

“To fully resolve barriers that minorities face in seeking health care, we need research that is broader than access to care,” said Toni Miles, MD, PhD, of the University of Louisville, who served as an advisor for the publication. “The studies in this newsletter reflect this need. Readers will be enlightened by this collection. As a whole, GSA researchers are a valuable resource for policymakers and should be sought out when seeking effective approaches to reducing health disparities.”

Continued on page 11
Expanded CER Efforts Require Senior Component

By James Appleby, RPh, MPH

With all the focus on the American Recovery and Reinvestment Act’s (ARRA) $10 billion commitment to the National Institutes of Health, another component of stimulus funding — Comparative Effectiveness Research (CER) — has not been as fully recognized.

Yet CER, a means of evaluating the best treatment option for a particular medical condition, will create a number of research opportunities for GSA. As this funding is allocated, it is essential that CER incorporate older subjects and examine interdisciplinary approaches to treatment. GSA’s members are perfectly positioned to respond to this need.

In its report to the president and Congress, the Federal Coordinating Council for Comparative Effectiveness Research defined CER as “the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat, and monitor health conditions in ‘real world’ settings.”

So why are seniors crucial to CER? Primarily because it will evaluate treatments for many conditions that affect older people disproportionately. As the country considers how to develop more efficient health care delivery, we have to remember the lessons of the past.

Over the last decade, we have seen numerous reports that older people have not been adequately represented in many clinical trials. One of the more noteworthy studies appeared in the New England Journal of Medicine. Based on data over a three-year period, it showed that although 63 percent of all cancer patients were over age 65, only 25 percent of clinical trial participants for new cancer treatments were in that age group.

A similarly well-known article from the Journal of the American Medical Association reported that between 1991 and 2000, only nine percent of patients enrolled in the trials studying treatments for acute heart conditions were age 75 and above — yet almost 40 percent of heart attack sufferers fell in this age category.

In total, the ARRA appropriated $1.1 billion for CER. Of this funding, $400 million went to the National Institutes of Health and $400 million was allocated to be spent at the discretion of the secretary for Health and Human Services. The U.S. Agency for Healthcare Research and Quality (AHRQ) was provided with over $300 million to support CER — $100 million of which will fund study designs that focus on under-represented populations, including seniors.

AHRQ has also added to the established definition of CER, specifying that the evaluation of treatments should include “any potential medical intervention under consideration, whether prognostic, preventive, diagnostic, therapeutic, or palliative.” This is a key provision because solving the health problems faced by older people may include social and psychological approaches in addition to medication and surgical options. The best interventions in cases of Alzheimer’s disease or diabetes, for example, often involve a behavioral component as well as medication.

GSA has always excelled at these types of interdisciplinary solutions due to the diverse nature of our membership. This is our greatest strength and will hopefully allow the Society and its members to have a relevant role in this expanded emphasis on CER. Of course, we will continue to keep members aware of CER-related funding opportunities and also welcome studies in our journals and at the Annual Scientific Meeting.

Given the importance of ensuring that seniors are appropriately represented in CER studies, perhaps there is an opportunity for GSA to develop something broader in scope. Is there a way the Society can foster the development of a center on geriatric CER? I welcome your input at jappleby@geron.org at any time.

James

From the Executive Director

Gerontology News (ISSN 1083 222X) is published monthly by The Gerontological Society of America, 1220 L Street NW, Suite 901, Washington, DC 20005 and additional mailing offices. Subscription for members of the Society is included in annual dues. Non-member subscription rate is $50 per year in the US or Canada. Foreign subscriptions are available for an additional $25 to cover air mail overseas postage and special handling. News items must be submitted by the first of the month prior to publication.

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The Gerontological Society of America
1220 L Street NW, Suite 901
Washington, DC 20005-4018
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New Publication by Member


Members in the News

• Several news stories were generated from members’ presentations at GSA’s recent Annual Scientific Meeting in Atlanta, GA. Visit www.geron.org/ampress for a continuously updated listing.

• Ellen Idler, PhD, was quoted in the November 13, 2009, issue of The Los Angeles Times. She said that increasing rates of obesity among the American population will likely lead to increased disability rates.

• Multiple news outlets picked up a story from Asian News International that covered a recent article by Robert Binstock, PhD, in The Gerontologist. His research found that the majority of people aged 65 and over cast ballots for John McCain in 2008, but older voters will not necessarily favor Republicans in future presidential elections.

• On December 2, 2009, CNN’s website ran an opinion piece authored by John W. Rowe, MD. He stated that there is a need for independent expert groups, such as the U.S. Preventive Services Task Force, to evaluate objectively new scientific evidence and to guide the establishment of standards of care.

Monthly Poll Results

After health care reform, what should Congress focus on next?

- Long-term care: 41.2%
- Social Security: 29.4%
- Medicare: 16.8%
- Other: 12.6%

Number of voters: 119
Vote in the newest poll at www.geron.org!

Member Spotlight

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

**Deborah T. Gold, 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:

**Debra Saliba**

The recipient, who became eligible after referring new member Shinya Ishii, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/ColleagueConnection.htm

Simpson Accepts Mikulski Caregiver Award

On behalf of the Morgan State University Department of Social Work, Hartford Faculty Scholar Gaynell Simpson, PhD, has accepted the 2009 Barbara Mikulski Caregiver Award from the Baltimore City Commission on Aging and Retirement Education.

Given during National Family Caregivers month, this distinction recognizes the department for being a resounding partner in the field of aging services and for academic achievement in education, training, development, and outreach to older adults and caregivers.

Jackson Works to Decrease Polypharmacy in Older Americans

Dorothy Jackson, PhD, RN, of Texas Tech University Health Sciences Center’s Anita Thigpen Perry School of Nursing recently participated in an AARP Public Policy Institute Invitational Roundtable in Washington, DC. The event was titled “Avoiding Polypharmacy Peril in an Enhanced Access Society: When Less is Often Better, Especially as We Age.”

During the discussion, Jackson suggested that to decrease adverse effects that can occur when a person takes several medications at once, there should be better coordination of older adults’ care at transition points; an increased role and communication of nurses’ reconciliations of patients’ medication; and increased funded research that examines the efficacy of medication in the older population.

Three Fellows Receive IAGG Award

The Presidential Award of the International Association of Gerontology and Geriatrics (IAGG) in Recognition of Outstanding Work and Commitment for the Development of Gerontology and Geriatrics was awarded to three GSA fellows at last summer’s World Congress of Gerontology and Geriatrics in Paris, France. These distinctions were issued by outgoing IAGG President Renato Guimarães, MD, to former GSA President Roger McCarter, PhD, Robert Butler, MD, and Gloria Gutman, PhD.

Rodiek’s Project Recognized for Assisted Living Research

The Center for Excellence in Assisted Living (CEAL), a non-profit collaborative of 11 national organizations, has awarded its 2009 Environment & Design Award to the “Access to Nature” DVD series produced by the Center for Health Systems & Design in the College of Architecture at Texas A&M University. Susan Rodiek, PhD, NCARB, was the principal investigator and program director. Research conducted at 68 assisted living communities across the U.S studied how to provide residents with better access to nature and the outdoors, which can lead to potential health benefits. This project was funded by the National Institute on Aging.
Health Care Reform Update

It was good to see so many friends of long standing at the GSA annual conference in Atlanta. At that time, we were still hopeful that the Senate would pass a health care/insurance reform bill, compromise with the house, and send the final bill to the president for signature before the new year. At this writing, the bill is still on the Senate floor; hopes for resolution before Christmas are fading but are still alive.

My plan was to use this first article of 2010 to describe the final health care bill or at least compare the House bill to the Senate bill for our readers. The Senate had been waiting for several days on a Congressional Budget Office score — an analysis of the costs and savings of legislation, especially critical with each of the health care reform proposals — for its new proposal to open up Medicare for persons 55 to 64 years of age. But while they waited, Senator Joseph Lieberman (D-CT) changed his longstanding support for such a proposal and stated that he would join Senate Republicans in a filibuster if it were included in the final bill.

A subsequent article or a special piece will be necessary to describe how health care reform will affect older adults.

Suffice it to say, there remains numerous provisions in both bills that will serve the older adult population including:

• closing the gap (the so-called “doughnut hole”) for Medicare prescription drug coverage;
• extending the life of the Medicare Trust Fund;
• creating a government-organized long term care insurance program;
• providing incentives for care coordination for those with multiple chronic illnesses;
• offering Medicare reimbursement for doctors who provide information to patients about advance directives;
• elder justice act provisions;
• criminal background checks for nursing home employees; and
• improved spousal impoverishment protections under Medicaid for those using home and community based services.

Fiscal Year 2010 Appropriations Update

Congress again has waited until the end of the calendar year to provide funds for many programs for the current fiscal year, which began October 1, 2009. Government programs have been funded by continuing resolutions since October 1, but the last continuing resolution expired on December 18.

Much of the funding that GSA members track is provided by the Labor, Health and Human Services, Education and Related Agencies Appropriations bill each year — or in this year’s case, a combination of appropriations bills, titled “Consolidated Appropriations Act, 2010, House Report 111-366.”

The tale of this year’s appropriations bill is interesting. The House passed its version of the bill on July 24, and the Senate Appropriations Committee passed its version soon after, on July 30. The full Senate, however, did not consider the Appropriations Committee’s Labor, HHS bill.

On December 10, the House passed a consolidated bill (which included all agency funding except for Pentagon funding) at which point the Senate suspended debate on the health care reform legislation to take up the House’s omnibus spending bill. The Republicans filibustered, but on December 12, the Senate voted 60 to 34 to end debate (breaking the filibuster) and the consolidated bill finally passed on December 13, with a Senate vote of 57 to 35.

The omnibus spending bill totals $1.1 trillion. It includes $650 billion for Medicare and Medicaid. The National Institutes of Health budget is increased by $291.7 million. The National Institute on Aging was increased for the fiscal year 2010 by $29.4 million. See the table for funding levels of some of the programs funded in this bill.

The bill also includes $1.15 billion for the Corporation for National and Community Service (CNCS), the independent federal agency responsible for making grants to support community service and volunteering. This funding — the largest appropriation in CNCS history — will strengthen and expand existing programs and invest in new initiatives authorized in the Edward M. Kennedy Serve America Act, which was signed by President Obama last April. Included within the total are increases for all three Senior Corps programs (Foster Grandparents, Senior Companions, and RSVP), which will support nearly 500,000 older volunteers in meeting local needs through service.

In addition, the budget provides funding for a number of new initiatives, including $50 million to launch a new Social Innovation Fund that will leverage matching non-federal funds to scale up proven programs and invest in promising new ideas in low-income communities.

In closing, I would like to wish everyone success with their policy goals in the new year!
Appropriations for Aging Programs
(Amounts listed in thousands.)

<table>
<thead>
<tr>
<th></th>
<th>FY 2009 Level</th>
<th>FY 2010 Level</th>
<th>Change FY 2009 to FY 2010</th>
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<tr>
<td><strong>Administration on Aging (AoA)</strong></td>
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<tr>
<td>Older Americans Act (OAA) Programs</td>
<td></td>
<td></td>
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<tr>
<td>Grants to States</td>
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<td></td>
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<tr>
<td>Supportive Services and Centers</td>
<td>361,348</td>
<td>368,348</td>
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<td>Preventive Health</td>
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<tr>
<td>Protection of Vulnerable Older Americans: Title VII</td>
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<td>21,863</td>
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<td>Family Caregivers</td>
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<tr>
<td>Native American Caregivers Support</td>
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<td><strong>Subtotal, Caregivers</strong></td>
<td>564,366</td>
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<td>Congregate Meals</td>
<td>434,269</td>
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<td>Home Delivered Meals</td>
<td>214,459</td>
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<td>Nutrition Services Incentive Program</td>
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<td><strong>Subtotal, Grants to States</strong></td>
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<td>Grants for Native Americans: Title VI</td>
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<td>Program Innovations</td>
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<td>Civic Engagement</td>
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<td>Aging Network Support Activities</td>
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<td>Alzheimer’s Disease Demonstrations</td>
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<tr>
<td>Lifespan Respite Care</td>
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<td>Program Administration</td>
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<td><strong>Total, AoA</strong></td>
<td>1,493,843</td>
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<td><strong>Department of Labor</strong></td>
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<td><strong>OAA Programs</strong></td>
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<td>Senior Community Service Employment Program: Title V</td>
<td>571,925</td>
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<td><strong>Total for all OAA</strong></td>
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<td>31,008,788</td>
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<td>(excluding $10 billion from stimulus)</td>
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<td><strong>National Institute on Aging</strong></td>
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<td>1,110,229</td>
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<td><strong>Senior Corps</strong></td>
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<td>220,990</td>
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<td><strong>Geriatric Programs:</strong></td>
<td>30,997</td>
<td>33,997</td>
<td>+3,000</td>
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<td>Health Resources and Services Administration [including Geriatric Education Centers, Geriatric Training Programs, Geriatric Academic Career Awards]</td>
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<td></td>
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<td><strong>Social Security Administration</strong></td>
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<td>58,669,586</td>
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Meet Your New ESPO Officers

Every year at the GSA annual meeting, leadership responsibilities change hands to a new group of elected officers. For this month’s column I interviewed the new officers so you can learn a little bit about them.

Current ESPO Chair: Kelly Fitzgerald, PhD
Kelly joined ESPO during the course of her recently completed PhD program. Her professional work focuses on older people and natural and man-made disasters. Her research looks at mitigation, preparedness, response, and recovery. She became interested in gerontology after living with her grandmother and learning about the challenges she faced. Kelly decided to pursue a career in the field to find a way to contribute to positive aging. She recently moved to Switzerland, where she now performs contract research work. Kelly said she also plans to teach at the university level. Her goal for ESPO this year is to continue to improve the experience for its members and to make ESPO a global organization that supports other international gerontology student groups.

Chair-Elect: Natalie Leland Wiatrowski, PhD
Natalie became involved in ESPO while attending her graduate program. She worked as an occupational therapist in nursing homes for several years before returning to school to earn a PhD in gerontology. Her work is focused on strategies older adults use to remain in the community after a fall, and rehabilitation utilization after a fall resulting in a hip fracture. Currently, she is a first-year post-doctoral fellow at Brown University in the Center for Gerontology and Health Care Research. Her goals for ESPO this year are to continue building on the projects started by past chair Kara Dassel and current chair Kelly Fitzgerald to strengthen the involvement of ESPO members and facilitate smooth transitions between junior and senior ESPO committee members.

Duties of the Chair:
The chair’s main duties are to preside over meetings, represent ESPO as a voting member of the GSA Executive Committee, and administer ESPO’s affairs. S/he serves on several committees and conducts nominations and elections among several other duties. The chair-elect performs the duties of the chair in her/his absence. The chair-elect also serves as a representative to the GSA Executive Committee, plans the student program for the annual meeting, and is involved in nominations and elections among several other duties.

Secretary: Amanda Matzek, MS
Amanda is currently ABD in her doctoral program at University of Minnesota. Her work focuses on family caregiving and decision making in later life. Her interest in gerontology began by watching her mother provide care for her grandmother. “This opened my eyes to the triumphs and tribulations of family caregiving, and alerted me to the need for empirical research on this familial and societal issue,” she said. In her role as secretary she hopes to contribute to ESPO’s focus on mentorship and collaboration outside of the annual GSA conferences. This includes sharing tips for networking and lists of current projects on which established scholars and professionals are working. She applied for the secretary position with the hopes of achieving more insight into GSA and “a connection to the multitude of people that make this organization a reality.” She will begin writing the ESPO section of the newsletter in the February issue.

Duties of the Secretary:
The secretary’s main duties are to serve on the ESPO Executive Committee, keep minutes at all meetings, and contribute to the Society’s newsletter.

Technology Chair: Hannah Marston, MSc
Hannah was introduced to the field of gerontology while writing her PhD dissertation, “Wii Like to Play Too: Computer Gaming Habits of Older Adults.” Her degree is in multimedia at Teesside University, Middlesbrough, U.K. As a result of this project she said she “found a whole new subject area that [she] was and still [is] becoming increasingly interested in, especially from a technology aspect.” She submitted her PhD dissertation and is on the job market for employment as a researcher and lecturer in the area of gerontology and digital technologies. Hannah said she hopes to bring the two fields together. She attended her first gerontology conference — the British Society of Gerontology annual meeting held at Sheffield Hallam University — in September 2007. During the conference dinner, she met Kelly Fitzgerald and discussed plans for getting involved with AGHE and ESPO. That started her involvement in both groups. Her goals for ESPO this year are to highlight technology and gaming issues in older adults, bringing the fields of aging and gaming together to emphasize the benefits for all those associated. She also would like to bridge international student involvement and attendance of annual meetings.

Duties of the Technology Chair:
The technology chair represents ESPO on the Information Technology Committee, maintains the student website and Facebook page, monitors bulletin boards, listservs, news servers, and chats on the internet, and assists in the tracking of ESPO membership data.

For more detailed information about ESPO officers and activities, log in to GSA’s website to view the bylaws at www.geron.org/Students.

We are currently seeking ESPO members to run for leadership positions in next year’s election!

If you are interested in running for office or volunteering to serve on a committee, please contact gsaespo@gmail.com.
Funding Opportunities

Annual Hartford Deadlines Approaching
The Hartford Doctoral Fellows Program and Faculty Scholars Program, which GSA administers, are accepting applications for the next rounds of funding until February 1. Both programs are components of the nationwide Geriatric Social Work Initiative. The Faculty Scholars Program addresses the lack of adequately trained social work practitioners to meet the social and health care needs of today and tomorrow’s rapidly increasing aging population, and fosters an intellectually stimulating, mutually supportive network of colleagues involved in research and teaching in geriatric social work. The Doctoral Fellows Program provides students with substantial financial support and professional development, prepares fellows for tenure-track faculty positions at major universities, and offers the opportunity to become leaders in an elite network of scholars. For more information, visit www.gswi.org.

Federal Grants To Support Pain Investigations
The National Institutes of Health (NIH) has issued a new funding opportunity announcement, titled “Mechanisms, Models, Measurement, & Management in Pain Research.” New advances are needed in every area of pain research, from the micro perspectives of molecular sciences to the macro perspectives of behavioral and social sciences. Although great strides have been made in areas like the identification of neural pathways of pain, the experience of pain and the challenge of treatment have remained uniquely individual and unsolved. Furthermore, the understanding of how and why individuals transition to a chronic pain state after an acute instance is limited. Research to address these issues conducted by interdisciplinary research teams is strongly encouraged, as is research from underrepresented, minority, disabled, or female investigators. The NIH Pain Consortium supports research on all conditions in which pain is a prominent feature. Of interest are diseases such as cancer, that of themselves or their treatment may result in pain. Proposals that seek to improve the understanding of the causes, costs, and societal effects of both acute and chronic pain are highly encouraged. Studies on the mechanisms underlying the transition from acute to chronic pain are also needed. Additionally, proposals that link such understandings to the development of better approaches to therapeutic interventions, including complementary and alternative medicine interventions and management of acute and chronic pain, are in keeping with the current translational focus of NIH and are encouraged. This funding opportunity expires on January 8, 2013. See grants.nih.gov/grants/guide/pa-files/PA-10-007.html for further details.

RAND Fellowships To Enhance Demographic Research
The RAND Postdoctoral Training Program in the Study of Aging enables outstanding junior scholars in demographic and aging research to sharpen their analytic skills, learn to communicate research results effectively, and advance their research agendas. The program blends formal and informal training and extensive collaboration with distinguished researchers in a variety of disciplines. Fellowships are for one year, renewable for a second. Each fellow receives a competitive annual stipend, travel stipend, and health insurance. Fellows must be U.S. citizens or permanent residents, and must have completed a PhD (or its equivalent) in a relevant discipline before they begin the program. The RAND Fellows Program is open to new scholars in the field of demographic and aging research, as well as individuals who already have research experience on these topics. For example, in some cases, fellows are on leave from an academic position so they can engage in research and writing full time, and extend their research agenda and funding base. The deadline for applications is February 8. For complete details, visit www.rand.org/labor/fellows/aging.html.

Funding Available for BSW Programs
Application materials are available for Cycle 2 of the Bachelor of Social Work (BSW) Experiential Learning Program (depts.washington.edu/geroctr/Center2/sub2_2_2bel2.htm) through the Council on Social Work Education’s (CSWE) Gero-Ed Center. Up to 10 CSWE-accredited BSW programs will be funded to create learning opportunities for students to interact directly with older adults. Review a sample application, frequently asked questions, and the full request for proposals at research.zarca.com/k/SsTXWxQUPsPsP%20%20. Applications are due April 23. The program will run from July 2010 to June 2012.

RWJF Accepting Applications for Clinical Scholars Program
The Robert Wood Johnson Foundation (RWJF) Clinical Scholars program fosters the development of physicians who will lead the transformation of Americans’ health and health care. These future leaders will conduct innovative research and work with communities, organizations, practitioners, and policy-makers to address issues essential to the health and well-being of all Americans. RWJF will select up to 25 scholars in 2010 for appointments beginning July 1, 2011. The first-year scholar stipend is $59,500 with an increase the second year. The program provides additional financial support for research projects and professional travel. The deadline for the receipt of applications is February 26. For more than three decades, the program has fostered the development of physicians who are leading the transformation of U.S. health and health care through positions in academic medicine, public health, and other leadership roles. Clinical scholars will learn to conduct innovative research and work with communities, organizations, practitioners, and policy-makers on issues important to the health and well-being of all Americans. The goal of the program is to integrate scholars’ clinical expertise with training in program development and research methods to help them find solutions for the challenges posed by the U.S. health care system and the health of U.S. communities. The program offers master’s degree graduate-level study and research in a university-based, post-residency training program. The program generally involves two years of study with generous protected time for research. Interested scholars will be considered for a limited number of opportunities for a third year of support.
Nearly 3,300 people made their way to Atlanta, GA, for GSA’s 62nd Annual Scientific Meeting. The program featured 438 sessions — including 915 posters — during the five-day event held at the Atlanta Marriott Marquis and Hilton Atlanta. A total of 78 organizations occupied booths in the Exhibit Hall.

Among the most popular presentations were the Presidential Symposia, which showcased the meeting’s theme, “Creative Approaches to Healthy Aging.” Sessions in the Public Policy Series, which ran for its second year, also were widely attended.

The speakers at the Opening and Closing Sessions, Erik Wahl and David Galenson, PhD, respectively, shared a message that creativity should be encouraged across the lifespan.

GSA additionally took advantage of the Atlanta location — a top center for commerce and transportation with a rapidly growing senior market — by hosting its first Aging Means Business forum. This day-long event proved so successful that plans are now underway for a similar event at the 2010 meeting in New Orleans, LA.

Furthermore, the conference served as the venue for the release of “Promoting Preventive Services for Adults 50–64: Community and Clinical Partnerships,” a new report from the Centers for Disease Control and Prevention (CDC), AARP, and the American Medical Association (AMA).

Representatives of the CR Society, an organization of individuals who practice calorie restriction as a lifestyle, also held a series of symposia during the meeting. Many of this group’s presentations were given by members of GSA’s Biological Sciences Section.

The photographs on the right give more details about these and many other unique events.

The Call for Papers for the 2010 Annual Scientific Meeting — taking place from November 19 to 23 — is now available on GSA’s website at www.geron.org/abstracts. The theme for the conference will be “Transitions of Care Across the Aging Continuum.” As usual, the deadline for the receipt of all abstracts will be March 15.

As announced at the Opening Session, GSA has partnered with the National Center for Creative Aging (NCCA) to establish the Dr. Gene D. Cohen Research Award in Creative Aging. The first winner was the late Cohen himself. His wife, Wendy Miller, accepted the award on his behalf. From left to right: Phyllis Cohen of the NCCA, Miller, GSA President Michèle Saunders, and Gay Hanna of the NCCA.

During the Opening Session, speaker Erik Wahl presented “The Art of Vision,” a unique, fast-paced program served as an entertaining introduction to the four day meeting. He painted a total of three portraits; one was given to an audience member and the other two were auctioned in the Exhibit Hall.
GSA issued press passes to a dozen reporters in Atlanta. This number was supplemented by approximately 15 journalists who followed the meeting remotely. In addition to several independent producers and freelance writers, representatives from news outlets such as United Press International, Reuters Health, Health Day News, and *The Atlanta Voice* covered the conference.

GSA partnered with several organizations to conduct a series of press briefings at the meeting. Each briefing offered a call-in option for reporters and was recorded for placement on the GSA website.

The first was held in conjunction with New America Media and the Journalists Network on Generations. The presenters stated that without more serious attention to multicultural seniors, ethnic older Americans and their families increasingly will endure a burden of disease and disability, while the U.S. will face billions in unnecessary health costs and billions more in lost productivity gains. For the second briefing, GSA worked with the CDC, AARP, and the AMA to promote their new joint report, “Promoting Preventive Services for Adults 50–64: Community and Clinical Partnerships.” A third briefing, developed in association with the CR Society, explored how calorie restriction has been shown to increase health and longevity in a variety of animal species including, most recently, primates.

The most widely distributed story to come out of the meeting focused on a presentation by Linda Ginzer of Ohio State University. Her research found that older adults who have alcohol dependence problems drink significantly more than do younger adults who have similar problems.

A presentation that linked vitamins C and E with muscle strength also received a great deal of coverage. Anne B. Newman, MD, MPH, and her colleagues presented data suggesting that a diet high in antioxidants could play an important role in preserving muscle function on older adults.

Visit [www.geron.org/ampress](http://www.geron.org/ampress) for audio recordings of the press briefings and a continuously updated list of news stories that resulted from sessions at the meeting.
Preserving independence takes compassion and expertise.

Yale-New Haven Hospital has long been a place for cutting-edge research to keep older persons as independent and safe as possible. Each year, the American Geriatrics Society recognizes the nation’s top researcher in Geriatrics. Four of these physicians have come from Yale-New Haven.

Yale-New Haven researchers have made major advances in such areas as preventing falls and episodes of confusion, improving driving performance, and reducing functional decline and disability. The physicians at Yale-New Haven Hospital are redefining how we age. Most importantly, they are providing new insights into how we can live better - with hope and dignity.
Japan’s Workers Facing Retirement Choices
A recent article from the Asia Pulse news service reported that in Japan, over 70 percent of workers nearing age 60, the retirement eligibility age, have said they plan to keep their jobs, according to a survey released by that country’s Labor Ministry. The figure is the lowest since 2006, when comparable year-by-year data first became available. The survey showed that, as of June 1, 2009, 297,325 workers were scheduled to stay on past retirement age, down 18,927 from the previous year. Employees saying they were “unsure” whether they would be able to retain their jobs reached 9 percent. On the other hand, companies saying they would allow all workers seeking to work until they are at least 65 to do so increased by 1.4 points to 40.4 percent. A 2006-revised law promoting stable employment for older workers requires that firms gradually implement programs to allow workers to keep working until they hit age 65.

Dutch Study Finds Decrease in Restraint Use
The Dutch ANP news agency has reported that care institutions in the Netherlands are lessening their reliance on tying patients to beds and chairs or medicating them to keep them quiet, according to new figures from the long-term care institute Vilans. A study found that the number of patients whose freedom of movement was restricted by care staff fell 30 percent from 2007 to 2008. The figures are based on information provided by 40 care homes. The number of patients tied to their beds by restraints fell from 235 to 83, while the use of calming drugs halved to under 100. Other methods used to restrain patients include putting brakes on wheelchairs and tying patients’ arms down. The survey found that care homes are increasingly turning to electronic surveillance and sensors to keep an eye on challenging patients. In 2008, a report by the Dutch Health Inspectorate claimed that one in three elderly people living in nursing homes or homes for the mentally handicapped were drugged to calm them down.

Canadians Uncertain Regarding Euthanasia Laws
The National Post of Canada has reported that a majority of Canadians strongly in favor of legalized euthanasia — figures that have been fairly consistent for the past several years. The poll also revealed, however, that support may be weaker once respondents are asked to consider the potential consequences of such a law. Fifty-five percent of those who expressed strong support for euthanasia are worried that a “significant number” of people could be put to death against their wishes, according to the pollster. Among those showing tentative support, that number rose to 72 percent.

French Retirees Cite Health Benefits
A new survey has found that after retirement, French citizens say they feel up to 10 years younger than when they were working, according to an article on the BBC News website. Researchers from Stockholm University and University College London asked employees from the French National Electric and Gas Company to rate their own health up to seven years before retirement and up to seven years after. The researchers found that the number reporting their health as below par fell from 19 percent in the year before retirement to 14 percent in the year after, which they equated with a gain in health of up to 8 to 10 years. The greatest improvements in perceived health were among those who came from a poor working environment. Those who were in high-status, high-satisfaction jobs showed the least change.

U.K. Employees Delaying Retirement
The Financial Times reports that nearly one quarter of U.K. businesses predict that their staff will be working beyond age 65, the national retirement eligibility age, within the next decade because they cannot afford to retire earlier. Around 1.8 million people will be working beyond the state retirement age in ten years’ time, up from 750,000 today, according to a survey of over 500 finance directors conducted by the insurance company Prudential. Companies’ representatives said they expect to see an increase in costs as a result, because an older workforce makes it more likely they will have to spend more on benefits, such as death-in-service payouts and medical insurance bills. In the past year, seven percent of finance directors have reported an increase in the number of employees requesting to work past retirement age, the study found.
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Yale School of Public Health
Yale University School of Medicine

Tenure-Track Faculty Position in Social Gerontology and/or Epidemiology of Aging

The Social and Behavioral Sciences Program and the Division of Chronic Disease Epidemiology in the Yale School of Public Health seek a scholar of social gerontology and/or epidemiology of aging for an Assistant or non-tenured Associate Professor position. Applicants with a research interest in inequalities, psychosocial factors, or cardiovascular health are especially encouraged to apply. The Search committee will consider applicants with interests in other areas as well. Opportunities exist to collaborate with investigators in the Yale School of Public Health (http://www.med.yale.edu/ephs), and other departments at Yale, such as psychology, sociology, psychiatry, and medicine. The successful candidate can take advantage of a number of resources, including the Yale Program on Aging (http://geriatrics.yale.edu/research/).

Applicants should have a doctoral degree in psychology, epidemiology, sociology or a related field, with a specialization in mental and/or physical health of older individuals. Also, applicants should have teaching experience, a record of research and scholarly accomplishments, and will be expected to develop an externally funded research program.

Review of applications will begin March 15, 2010 and will continue until a successful candidate is identified. Applicants should submit a curriculum vitae, statement of research and teaching interests, three reprints, and three reference letters to:
Becca R. Levy, Ph.D., Search Committee
Yale School of Public Health
60 College Street, Room 408, P.O. Box 208034
New Haven, CT 06520-8034

Yale University is an equal opportunity, affirmative action and equal access employer that values and actively seeks diversity in the work force. Minorities and women are strongly encouraged to apply.

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GSA65
GETTING BETTER WITH AGE

12 • January 2010 • gerontology news
What's Hot - Continued from page 1

Baby boomers make up a considerable proportion of the adult population among all racial and ethnic groups in the United States. A central challenge related to managing the health needs of this age group is that they are approaching a stage of life often marked by increasing prevalence of chronic disease and disability.

Disparities in the provision of and access to health care services in the U.S. have been documented extensively and recognized as an important national problem. Minorities are significantly more likely to have poorer health status and higher death rates from common chronic diseases.

Visit www.geron.org/WhatsHot to download an electronic version of the newsletter. This website also contains a subscription form to join an online discussion group related to topics addressed in the issue.
LET PEOPLE KNOW THAT YOU ARE A LEADER IN YOUR FIELD!

Be Recognized: Become a GSA Fellow

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

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

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

Editor Nominations

The Gerontologist

The Gerontological Society of America’s (GSA) Publications Committee is seeking nominations for the position of Editor-in-Chief of The Gerontologist, the Society’s multidisciplinary journal.

The Gerontologist is a bimonthly journal that provides a multidisciplinary perspective on human aging through the publication of research and analysis in gerontology, including social policy, program development, and service delivery. It reflects and informs the broad community of disciplines and professions involved in understanding the aging process and providing service to older people. Articles, including those in applied research, should report concepts and research findings, with implications for policy or practice. Contributions from social and psychological sciences, biomedical and health sciences, political science and public policy, economics, education, law, and the humanities are welcome. Brief descriptions of innovative policies, practices and programs are appropriate in the Policy and Practice Concepts section.

The position will become effective January 1, 2011. The Editor-in-Chief makes appointments to the journal’s editorial board and develops policies in accordance with the scope statement prepared by the Publications Committee and approved by Council. The Editor-in-Chief works with reviewers and has the final responsibility for the acceptance of articles for his or her journal. The editorship is a voluntary position. Candidates must be dedicated to developing a premier scientific journal.

Nominations and applications may be made by self or others, but must be accompanied by the candidate’s curriculum vitae and letter of interest.

All nominations and applications must be emailed to Judie Lieu at jlieu@geron.org by March 15, 2010.

Advertise with Us!

Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging. This newsletter reaches GSA’s 5,000 members both in print and online.

See the current rates on GSA’s website, www.geron.org under the "Support Us" tab.
New Website Aimed at Nursing Faculty
A newly launched website, www.GeroNursingEd.org, developed by the NW Coalition for Geriatric Nursing Education in collaboration with the Oregon Health & Science University Hartford Center of Geriatric Nursing Excellence, specifically addresses the gerontological education needs of nursing faculty. This resource contains a repository of creative teaching materials that include topical activities, complete gerontological courses, case studies, various media, links to other teaching resource sites, and information regarding the ordering of a CD-ROM, “A Focus on Older Adults.” Learning resources are solicited and are added on an ongoing basis after careful review and approval by expert gerontological nurse faculty from coalition schools. For more information or to submit a resource contact Lois Miller, PhD, RN, at millerlo@ohsu.edu or Catherine Van Son, PhD, RN at vansonc@wsu.edu.

Publication Clears Misconceptions of African American Hospice Care
“Questions & Answers About Hospice Care For You or a Loved One,” a new brochure designed for the African American community, has been produced by Partners in Care Foundation in collaboration with the University of Southern California Leonard Davis School of Gerontology and with funding from PacificCare/UnitedHealthcare. Barriers to hospice care for African Americans include limited knowledge and lack of familiarity with its programs, and common misconceptions. The educational brochure reduces ethnic disparities in accessing end-of-life care and improves knowledge and awareness of hospice and palliative care programs among African Americans. For a limited time, free printed copies of “Questions & Answers” are available to health and community-based organizations serving seriously ill older adults. A free download of the full-color brochure can viewed at www.picf.org.

Memory Center’s Online Resource Expands Cognitive Disorder Information
The University of Southern California Memory and Aging Center, a pioneer in research and treatment for dementia and Alzheimer’s disease, has launched a new website aimed at expanding collaborative research and increasing referrals of older adults with age-related cognitive disorders. The site, www.usc.edu/adrc, features up-to-date findings, studies of ongoing treatments, disease information, guides for investigators, and opportunities for participation in clinical trials. At three Los Angeles locations, the Center provides patients with precise and accurate diagnoses, comprehensive care plans, and access to the latest pilot projects. The staff includes neurologists, psychiatrists, clinical psychologists, neuropsychologists, and social workers who collaborate with basic scientists on diagnosis, treatment, and research of memory and aging conditions. Support for website’s development was provided by a Zumberge Faculty Research and Innovation Fund interdisciplinary grant.

Census Bureau Issues New Boomer Profile
The Census Bureau provides its first profile in 13 years of baby boomers in a PowerPoint presentation titled “Selected Characteristics of Baby Boomers 42 to 60 Years Old in 2006.” This resource provides a look at a variety of demographic and socioeconomic characteristics of the baby boom generation, such as geographic distribution, marital status, educational attainment and income, and compares them with adults in younger and older age groups. The analysis uses data from a variety of sources, including the 2006 American Community Survey, 2006 population estimates, population projections, and the 2000 census. Visit www.census.gov/population/www/socdemo/age/general-age.html#bb to download the presentation.

Report Finds Care Systems Must Brace for Age Wave
“Healthcare Strategies for an Ageing Society” is a new report from the Economist Intelligence Unit that outlines future directions for health care systems. It explores several issues that need to be addressed if health care systems are to adapt to an aging world. These topics include changing assumptions about the financial impact of aging on health care; making geriatric care a bigger part of medical training; reconsidering care options; making treatments more appropriate to older populations; using technology to deliver key skills remotely and enable home-based care; and resetting public mindsets about the elderly. Visit www.getinsidehealth.com to view the report.
36th Annual Meeting and Educational Leadership Conference, The Peppermill, Reno, NV

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

Register by January 26th and Save! www.aghe.org/am