The Gerontologist Seeks Papers for Special Issue

For a forthcoming special issue, The Gerontologist invites authors to contribute original research papers and review papers focused on the aging of the baby boom generation. Particularly welcome are papers that are conceptually based, methodologically sophisticated, and oriented toward policy and practice. Submissions are due August 1. Visit www.geron.org/thegerontologist to download the full Call for Papers.

Website Allows for Easy Profile Updates

If you have recently graduated, moved, or changed institutions, please make sure GSA has your new address on file. This will ensure the timely delivery of your subscribed journals and newsletters. To make changes to your personal information, log in at www.geron.org in the blue box on the left side of the page, and then click “Update Profile.”

Two New Membership Benefits Expand Publications Access

GSA members now have unrestricted online access to all of the Society’s three major journals, The Gerontologist, the Journals of Gerontology Series A: Biological and Medical Sciences, and the Journal of Gerontology Series B: Psychological and Social Sciences.

Previously, members were entitled to print and electronic subscriptions to two of the three titles, with the option to add the third for $30. This arrangement still applies to the print editions, but the online versions of all three — including the complete back catalogs — are now available to all members at no extra cost.

The additional offering was prompted by a reader survey conducted by GSA’s Task Force on Publications.

“The feedback we received from members was that they wanted full online access,” said Steven H. Zarit, PhD, chair of the task force. “This was clearly a high priority for many people, and working with GSA leadership, we were pleased to be able to implement this change. It’s a step that will help maximize the value of the GSA membership experience.”

To access the full text of articles, members must first log in to the GSA website at www.geron.org with a username and password and then choose the journal of their choice from the “Publications” pull-down menu item.

A second new benefit available to members is a discounted $69 one-year subscription to

Webinar Lets NIA Chief Address Members’ Funding Concerns

GSA welcomed National Institute on Aging (NIA) Director Richard J. Hodes, MD, for a June 9 webinar on the future of federally funded aging research. The audio and Hodes’ presentation are now archived on the GSA website at www.geron.org/webinar.

The event, held at the Society’s Washington, DC, headquarters, was prompted largely by recent concerns about the NIA’s grant payline, which is an agency’s funding cutoff point for grant applications. GSA convened the webinar to provide a question-and-answer forum for its members, many of whom are NIA grant recipients.

In FY 2010, the NIA payline dropped to an all-time low of 8 percent, but Hodes reported that the situation would improve for FY 2011. The NIA has now established different paylines for new and established investigators as well as grants above and below $500,000.

Other subjects covered during the webinar included overall NIA budget development, NIA collaborations with the U.S. Administration on Aging, and predictions about future budgets. An in-depth analysis of Hodes’ responses and the payline issue is contained in this month’s Policy News section on page four.

“It’s our interest and our commitment to making sure that we communicate as fully as we can with the research communities who carry out the research and with whom we are partnering,” Hodes said. “We do it at

Continued on page 6

Hodes (left) and Appleby responded to members’ questions during the June 9 webinar.
From the Executive Director

July’s the Time To Join the Boston-Bound

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

Online registration for GSA’s 64th Annual Scientific Meeting is now open! This year’s venue is Boston, MA, and the program runs from Friday, November 18, to Tuesday, November 22. Visit www.geron.org/annualmeeting to register today and take advantage of early bird rates. Thoughts of November may not be welcome in the middle of summer, but to make the most of your meeting experience, there are a few items that deserve your attention.

By the end of July, GSA will have sent out the notifications for abstract acceptance. This year we experienced an amazing 14 percent increase in abstract submissions from 2010! This demonstrates that scholars in the field increasingly see GSA as the premiere venue to present aging research. The higher number of submissions, while making the acceptance process more competitive, will increase the quality of science found at the meeting.

I would like to thank the many section representatives and abstract reviewers who, through their contributions of time and effort, developed a robust program. Of course, there is still an opportunity to share your research in Boston through the Late Breaker Poster Session. We will accept submissions from July 15 to September 15. Posters in general will have a more prominent place in the meeting’s program. The schedule has been amended to include four poster sessions offering face-to-face time with presenters that won’t compete with other sessions. The space will be shared with the exhibit hall to elevate the posters’ visibility and the value of the science they contain.

There are a number of other meeting highlights that will make this meeting an exciting one. Thanks to the help of GSA President-Elect Nancy Whitelaw, PhD, the Society is partnering with the National Council on Aging for an “NCOA Day” that will culminate in a joint session with both groups’ constituencies. And we are continuing the MetLife Foundation...
In Memoriam

Asuman Kiyak, PhD, passed away in May at age 59. At the University of Washington, she was the director of the Institute on Aging, a professor in the School of Dentistry’s Department of Oral and Maxillofacial Surgery, and an adjunct professor in the Department of Psychology and Department of Architecture. She conducted several large studies of oral health promotion among older persons, age and ethnic differences in health service use (especially in the area of oral health care), and adaptation among older persons with Alzheimer’s disease.

New Publications by Members

• “The Older Adult Psychotherapy Treatment Planner, Second Edition,” by Deborah W. Frazer, Gregory A. Colleague Connection

Member Spotlight

• Cecilia Y.M. Poon, MA, was quoted in McKnight’s Long-Term Care News regarding a recent study she authored in the Journal of Gerontology Series B: Psychological and Social Sciences. Her research found that children emotionally abused by their parents were at increased risk for sleep troubles in old age. The story appeared in several other news outlets due to a syndicated UPI article.

• Hiram Beltran Sanchez, PhD, and GSA Fellows Eileen Crimmins, PhD, and S. Jay Olshansky, PhD, were mentioned in a June article appearing in The New Republic.

Members in the News

• Eileen Crimmins, PhD, and S. Jay Olshansky, PhD, were mentioned in a June article appearing in The New Republic.

Memorial

Ferrucci Named NIA’s Scientific Director

GSA Fellow Luigi Ferrucci, MD, PhD, has been appointed scientific director at the National Institute on Aging (NIA), effective May 8. Since 2005, he has been editor of the Journal of Gerontology: Medical Sciences. Ferrucci has served in the NIA’s Intramural Research Program as chief of the Longitudinal Studies Section in the Clinical Research Branch since 2002, where he also directs the Baltimore Longitudinal Study of Aging. He has mentored dozens of scientists and acted as a resource to gerontologists across the NIA and beyond. His teaching extends to adjunct professorships at both the University of Maryland School of Medicine and The Johns Hopkins University School of Medicine Division of Geriatric Medicine and Gerontology.

Hooyman, Lubben Inducted as AASWSW Fellows

GSA Fellows Nancy Hooyman, PhD, and James Lubben, DSW, MPH, have been named fellows of the American Academy of Social Work and Social Welfare (AASWSW). They join GSA Fellows Barbara Berkman, DSW, PhD, Marsha Malick Seltzer, PhD, and Ronald Toseland, PhD, who were inducted in the inaugural cohort of AASWSW fellows in 2010. The AASWSW is an honorific society of distinguished scholars and practitioners dedicated to achieving excellence in the field of social work and social welfare through high-impact work that advances social good. Hooyman is the Nancy R. Hooyman Endowed Gerontology Professor and dean emeritus of the University of Washington Social Work. Lubben is Louise McMahon Ahearn University Chair and director of the Doctoral Program at the Boston College Graduate School of Social Work. Berkman is the Helen Rehr/Ruth Fizdale Professor of Health and Mental Health at the Columbia University School of Social Work and an adjunct professor at the Mount Sinai School of Medicine. Malick Seltzer is the Vaughan Bascom Professor and director of the Waisman Center at the University of Wisconsin-Madison. Toseland is the director and a professor at the Institute of Gerontology within the School of Social Welfare at the State University of New York at Albany.

Golden, Stone Share Workforce Issues with Congress

GSA Fellows Robyn Golden, ACSW, LCSW, and Robyn I. Stone, DrPH, were featured speakers during a Capitol Hill briefing sponsored by the Eldercare Workforce Alliance on May 25. They discussed strategies for workforce recruitment, retention, training, and management. Golden is the director of older adult programs at Rush University Medical Center. Stone is the executive director of the LeadingAge Center for Applied Research and the senior vice president of research for LeadingAge.

Gerontotechnology Society Recognizes Fozard’s Accomplishments

GSA Fellow James Fozard, PhD, recently was recognized for his career contributions both during a symposium at the international conference of the International Society for Gerontechnology and in a special issue of the journal Gerontechnology. He is best known for his work with longitudinal studies of aging including the VA Normative Aging Study and the National Institute on Aging's Baltimore Longitudinal Study of Aging, which he directed for 13 years. He currently is a member of the faculty at the University of South Florida’s School of Aging Studies, where he continues to develop the scientific foundations of gerontechnology, a multidisciplinary field concerned with the development and adaptation of technology for the benefit of aging and aged persons.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Barbara Gillogly, PhD, LMFT, CPG

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: Jerry G. Ingram, PhD

The recipient, who became eligible after referring new member LaKisha M. Johnson, MA, was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/connection.
NIA Payline Revisions Aim To Encourage New Researchers

The future of aging research is looking brighter, according to Richard J. Hodes, MD, director of the National Institute on Aging (NIA). To encourage early stage and other new principal investigators, the NIA has established higher paylines for two categories of grants: those higher than $500,000 and those less than $500,000. This change effectively raises the “limbo bar” for new investigators so more can cleanly fit beneath it. The result has been an increase from an 8 percent payline in 2010, to a 16 percent payline in 2011 for new investigators and 11 percent for established investigators.

As was reported on the front page of this month’s *Gerontology News*, Hodes discussed this and other critical funding issues in a recent webinar supported by the GSA Innovation Fund and co-sponsored by the Friends of the NIA and the American Geriatrics Society. GSA Executive Director James Appleby, RPh, MPH, directed his own questions to Hodes as well as those sent in from listeners. The archived webinar and supporting materials are available at [www.geron.org/webinar](http://www.geron.org/webinar).

Early on, Appleby pointed out that the low NIA payline in 2010 had created “considerable angst” for GSA members. How, he asked, had the NIA been able to recover dramatically in just one year? Hodes observed that there were a number of reasons, not least of which was the rational response of scientists, given the pressure on the payline, to make more cost-effective applications. Also, differential paylines for the size of awards helped. The NIA also halved the percent of funding it sets aside for specific priorities so that more money would be available for research applications.

Since FY 2003, the NIA budget has been increasing slightly each year, but these are in current dollars. When measured in constant dollars, the funding has been decreasing. Hodes stated that since there is no way to predict what will happen in five years, the NIA has to keep close tabs on what is happening in “real time” to be able to adjust and remain flexible.

Keep Those Research Applications Coming

Hodes specifically encouraged GSA members to keep communication lines open with the NIA. Researchers with interest in aging will not find a more supportive place than the NIA, particularly now that the NIA paylines are similar to those of other institutes at the National Institutes of Health. Hodes unequivocally stated that the NIA will remain competitive and will continue to attract new researchers.

One of the ways the NIA will achieve the latter is by facilitating the application process. Hodes emphasized that his staff wants to work with applicants of all kinds — fellowships, research project grants, and career development awards — and to have a supportive relationship, not an adversarial one. If, for some reason, the NIA is not the best place for a certain application, then the staff will help direct the scientist to a more appropriate institute or center.

Another way that the NIA promotes the applications of new researchers is the two-tiered approach to scoring the applications. Categorizing the applications by new vs. established investigator and by cost (greater or less than $500,000) is unique to the NIA, Hodes said. This enables the work of new investigators to be judged with their peers and separately from seasoned scientists.

In response to a question from listeners, Hodes pointed out that funding for training grants has not decreased. In addition, one of the NIA’s priorities is adequacy of stipends for trainees. He would like to increase stipends so that researchers can successfully conduct their work and support their families.

Responding to a question about different disciplines getting funding priority, Hodes said that in 2008 and 2009, the NIA did away with differentially funded divisions. There is now a single payline for all types of research funded by NIA. Hodes said that this has not had a major impact on the balance of research areas or disciplines funded by the institute. This means that applications in any field do not face a quota based on its topic or field of research.

Federal Collaboration Intensified

Hodes reported on a gratifying development in the NIA’s relationship with the U.S. Administration on Aging (AoA). The leaders of the federal government’s two premiere aging agencies have been meeting regularly over the past year, with excellent results. Because of its connection with service providers through the Aging Network, the AoA is able to facilitate the translation of research results into widespread applications. Right now, the AoA is implementing a demonstration project based on the results of the Resources for Enhancing Alzheimer’s Caregiver Health clinical trial.

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**NIA Research Project Grant Percentile Paylines, FY 2011**

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<td>Early Stage Principal Investigators (R01 only)</td>
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<td>Other New Principal Investigators (R01 only)</td>
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This trial showed that behavioral interventions could improve the health and quality of life for caregivers of Alzheimer’s patients and postpone institutionalization of these patients. The demonstration projects will show whether the results of the clinical trial can successfully be translated to the community at large. This collaboration illustrates the best of nationally-based research and results for the betterment of our population.

In the context of current debt reduction negotiations, Hodes was asked about how the NIA could be affected by proposals to cap discretionary spending. In his answer, he acknowledged the ongoing need to ensure adequate funds during difficult financial times. (GSA members have access to an advocacy toolkit at www.geron.org/policy-center.)

**Support for Big Science**

Hodes was asked whether behavioral randomized clinical trials (RCTs) were not being funded. He responded that there had been no decision to single out or apply special scrutiny to behavioral RCTs. He did point out that RCTs are typically a large investment — “big science” — requiring and merit large investments. RCTs are a sign of “maturity” in the field, said Hodes, following as they must from significant investments in basic and translational research. When the opportunity arises for research that could have a public health impact, the RCT is well worth its cost. Hodes pointed out that big science benefits the public in many ways: with data that fuels other research to projects that serve as a training ground for new investigators.

**About Friends of the NIA**

The Friends of the NIA is a broad coalition of organizations committed to the advancement of health sciences research that could affect millions of older Americans. The Friends of the NIA supports the research and training missions of the NIA and serves as a bridge between the NIA and supportive organizations and groups in order to promote and advocate for the NIA and its initiatives as public policies in health and research take shape. By bringing together like-minded organizations to support the federal government’s leading aging research institute, the Friends of the NIA addresses current and future challenges in advancing public awareness and acceptance of research goals. For more information, or to join the Friends of the NIA, please contact Michael Cangelosi at the Alliance for Aging Research at (202) 293-2856 or mcangelosi@agingresearch.org.
Kritchevsky Selected as New Editor of Journal of Gerontology: Medical Sciences

GSA has named Stephen Kritchevsky, PhD, of Wake Forest Baptist Medical Center as the next editor of the *Journal of Gerontology: Medical Sciences*, effective January 2012.

"We are fortunate to have Dr. Kritchevsky assume the mantle of editor of *Journal of Gerontology: Medical Sciences*," said Thomas Hess, PhD, chair of GSA's Publications Committee. "Being trained as an epidemiologist and working in a medical school, he has a strong appreciation of the multidisciplinary nature of research published in the journal."

The *Journal of Gerontology: Medical Sciences*, published by Oxford Journals on behalf of GSA, contains peer-reviewed articles on research pertinent to human biology and disease. It focuses on the medical aspects of aging in the areas of clinical epidemiology, clinical research, and health services research for professions such as medicine, dentistry, allied health sciences, and nursing.

"I am excited to have this opportunity," Kritchevsky said. "Being selected to lead one of the discipline's preeminent journals is a tremendous honor. With the rapid growth in the older population, the work the journal features has never been more important."

Kritchevsky studies nutrition's role in modulating functional trajectories in older adults. His recent work has focused on clinical responses to the obesity epidemic among seniors. He is the author of over 200 peer-reviewed publications and serves as an associate editor for both the *American Journal of Clinical Nutrition* and the *Journal of Gerontology: Medical Sciences*.

He joined Wake Forest Baptist in 2003 as the research director of the J. Paul Sticht Center on Aging. He became the center's director in 2006. In 2009, Kritchevsky was named the deputy director of Wake Forest's Translational Science Institute.

He received his doctorate in epidemiology from the University of North Carolina at Chapel Hill in 1989, after which he joined the faculty at the University of Tennessee Health Science Center. There he founded the Masters of Epidemiology Program and directed the Health Aging and Body Composition Study Memphis Field Center. Kritchevsky holds leadership positions in this and a number of other studies, including the Cardiovascular Health Study All-Stars and the Lifestyle Interventions and Independence for Elders Study. He also is the director of Wake Forest's National Institute on Aging-supported Claude D. Pepper Older Americans Independence Center.

Kritchevsky is a GSA fellow, the highest class of membership within the Society.

Continued from page 1 - Webinar Lets NIA Chief Address Members’ Funding Concerns

national meetings, we do it in publications, and we're very excited about this webinar as yet another vehicle for doing so."

As in previous years, the program of GSA's 2011 Annual Scientific Meeting in Boston will feature a session where researchers will be able to interact with NIA program staff to learn more about the grant process.

The hour-long webinar consisted of a presentation by Hodes, followed by a question-and-answer session moderated by GSA Executive Director James Appleby, RPh, MPH. Participants were able to submit discussion topics in advance of the webinar, and also utilize an online chat feature to ask additional questions.

Appleby commended Hodes and his colleagues for their willingness to communicate with GSA members using the webinar format, and for their work to make improvements to the institute's grant payline.

"I want to acknowledge the entire dedicated team of NIA staffers that we have the privilege of working with, who do so much to ensure the aging research enterprise remains strong here in the United States," he said, also giving recognition Marie Bernard, MD, who serves as NIA's special liaison to GSA.

The webinar was supported by the GSA Innovation Fund, which is used to develop new products, programs, and services for members. The Friends of the NIA and the American Geriatrics Society were co-sponsors of the event.

Continued from page 1 - Two New Membership Benefits Expand Publications Access

MedInfoNow, which is a literature update service linked to Medline, the preeminent index of biomedical publications.

Medline, compiled by the U.S. National Library of Medicine, is a database of life sciences and biomedical information. It includes bibliographic information for articles from academic journals covering medicine, nursing, pharmacy, dentistry, veterinary medicine, and health care. Medline also covers much of the literature in biology and biochemistry, as well as fields such as molecular evolution. Many social sciences titles also are included.

MedInfoNow is a service that licenses the Medline database from the National Library of Medicine. Those who sign up for MedInfoNow will be entitled to a personalized weekly e-mail that summarizes the latest journal article abstracts and citations from Medline. This is the only literature service that combines Medline updates with comprehensive news and reviews of print and electronic books in the health sciences from Doody's Review Service.

Aside from the weekly e-mail, MedInfoNow users also have access to a variety of search tools for Medline, an “instant answer” feature for clinical decision support, direct links to those articles that have been made available for free, table-of-contents alerts from journals of their choice, and the ability to “look inside the book” on hundreds of titles.

Since its premiere in 2000, MedInfoNow has been the reliable literature update service of choice for more than 70,000 healthcare professionals who are registered users. To learn more, visit www.geron.org/medinfonow.
Suffering from parental abuse as a child increases a person's chances of having poor sleep quality in old age, according to a research article appearing in the *Journals of Gerontology Series B: Psychological and Social Sciences* (Volume 66B, Number 3).

An analysis of data from 877 adults age 60 years and above found that early parental emotional abuse was associated with a higher number of sleep complaints in old age. It was specifically emotional abuse — rather than physical abuse or emotional neglect — that was tied to trouble in getting a good night's sleep.

“A negative early attachment continues to exert an influence on our well being decades later through an accumulation of stressful interpersonal experiences across our lives,” said Cecilia Y. M. Poon, MA, the study’s lead author. “The impact of abuse stays in the system. Emotional trauma may limit a person's ability to fend for themselves emotionally and successfully navigate the social world.”

The data was taken from the National Survey of Midlife Development in the United States. In 1995, approximately 3,500 adults responded to questions about their childhood. A decade later, they were asked follow-up questions about sleep, relationships, and emotional distress. Poon's study looked at the answers from those age 60 and above.

During the second round of interviews, the participants were asked how often within the previous 30 days they had trouble falling asleep, woke up during the night and had difficulty going back to sleep, woke up too early in the morning and were unable to get back to sleep, and felt unrested during the day no matter how many hours of sleep they had. Emotional abuse was assessed by asking participants how often within the previous 30 days they had trouble falling asleep, woke up during the night and had difficulty going back to sleep, and felt unrested during the day no matter how many hours of sleep they had. Emotional abuse was assessed by asking participants how often their mother and father insulted or swore at them. Emotional abuse was assessed by asking participants how often their mother and father insulted or swore at them.

The study found that emotional abuse during childhood was also associated with poorer relationships in adulthood. Poon speculated that this lack of support, associated with stress, likely influences sleep quality.
The Election Results

GSA congratulates the following candidates at the conclusion of the 2011-2012 elections.

**GSA Wide**

- **President-Elect**
  - Lawrence Rubenstein, MD, MPH

- **Secretary**
  - Dana Burr Bradley, PhD

**Behavioral and Social Sciences Section**

- **Chair-Elect**
  - Kenneth F. Ferraro, PhD

- **Secretary-Treasurer**
  - Karen A. Hooker, PhD

**Member-At-Large**

- **Behavioral and Social Sciences Section**
  - Joseph E. Gaugler, PhD
  - Debra Umberson, DrPH
  - Elaine Wethington, PhD

**Bylaws**

Members of the Board of Directors and Professional Affairs voted to pass an amendment to the GSA Bylaws on ESPO Technology and Communications.

**Become a Volunteer**

GSA is currently seeking new individuals interested in serving for the Society’s 2012-2013 Board of Directors. Members of the Board of Directors serve for a term of two years. Please contact kbrown@geront.org for more information and CVs of suggested candidates.
Results Are Here!

Candidates, who will take their offices in the 1 Annual Scientific Meeting.

Biological Sciences Section
Chair-Elect: James L. Kirkland, MD, PhD
Secretary-Treasurer: LaDora Thompson, PhD

Health Sciences Section
Chair-Elect: Marilyn R. Gugliucci, PhD
Secretary: Lois L. Miller, PhD, RN, FAAN

Social Research, Policy, and Practice Section
Chair-Elect: Larry Polivka, PhD
Secretary: Cristina Flores, PhD, RN

Emerging Scholar and Professional Organization
Chair-Elect: Katherine S. Hall, PhD
Secretary: Elizabeth A. Hahn, BS
Communications Chair: Ernest Gonzales, MSSW

Change
Emerging Scholar and Professional Organization is changing the bylaws to change the title of the Secretary Chair to Emerging Scholar and Professional Organization Chair.

Become a Future Leader!
Currently looking for individuals interested in running for elected offices in the organization. Individuals are encouraged to run themselves or encourage colleagues.
Contact Kevin Brown at kbrown@geront.org with the names of interested candidates.
Hartford Program Issues Geriatric Social Work Awards, Forms VA Partnership

The prestigious Hartford Faculty Scholars Program has granted 11 geriatric social work researchers a two-year award that will provide career development, mentorship, and support for projects that will improve health outcomes for the country’s aging population. A new dimension to the awards this year is a partnership with the Veterans Health Administration (VA).

Four of the current awardees are PhD-level social workers from the VA who will be focusing on applied research on older veterans and their caregivers. Over the two-year period of the award, the VA will support the scholar to work on their proposed research study.

The program is funded by the John A. Hartford Foundation and administered by GSA as a component of the nationwide Geriatric Social Work Initiative, which seeks to expand the training of social workers in order to improve the health and well being of older people and their families. A total of 117 scholars to date have received awards.

“After participating in this program, our hope for our Hartford scholars is that they become exemplars of successful leadership in gerontological social work and applied research, and that they serve as inspirations, guides, and mentors for other social workers interested in similar career trajectories,” said National Program Director Barbara Berkman, DSW, PhD.

The 2011 scholars are examining such topics as therapies for post traumatic stress disorder in aging Vietnam War veterans, resident-to-resident aggression in nursing homes, patterns of service use for older adults with mental health disorders, care transition experiences of veterans, and non-drug based approaches for pain management.

The Hartford Faculty Scholars Program provides individualized mentorship from top-tier national researchers who offer comprehensive feedback and guidance, and covers travel expenses and registration fees for several gerontology and social work conferences and professional development institutes. Listed below are the new scholars and their primary research topics:

**Robin Bonifas** • Hartford Faculty Scholar
Arizona State University
**Research Topic:** Resident-to-Resident Aggression in Skilled Nursing Facilities

**Lori Daniels** • Hartford/VA Scholar
Portland Vet Center
**Research Topic:** Aging Among Vietnam War Veterans: A Pilot Study of Reminiscence, Life-Review, and PTSD

**Bryan Ford** • Hartford/VA Scholar
Birmingham VA Medical Center
**Research Topic:** Examining the Care Transition Experiences of Veterans and their Caregivers: A Preliminary Qualitative and Quantitative Study at the Birmingham VA Medical Center

**Joseph Hunter** • Hartford/VA Scholar
Albany Stratton Veterans Administration Hospital
**Research Topic:** Building on Strengths and Interests to reinforce Meaning and Purpose in Life Experiences (SIMPLE) for Older Adults at Risk for Suicide

**Edna Naito-Chan** • Hartford/VA Scholar
VA Greater Los Angeles Healthcare System-West Los Angeles Healthcare Center
**Research Topic:** Vocational Rehabilitation and Older Adults: Does Work Therapy Work?

**Juyoung Park** • Hartford Faculty Scholar
Florida Atlantic University
**Research Topic:** Utilization of Nonpharmacological Pain Management in Ethnically Diverse Older Adults in South Florida

**Nicole Ruggiano** • Hartford Faculty Scholar
Florida International University
**Research Topic:** I Did it My Way: Decision Making of Older Adults in Consumer Directed Long-Term Care

**Paul Sacco** • Hartford Faculty Scholar
University of Maryland, Baltimore
**Research Topic:** Older Adult Drinking Patterns: Exploring Social and Motivational Influences

**Lori Thomas** • Hartford Faculty Scholar
The University of North Carolina at Charlotte
**Research Topic:** Aging with No Place: An Examination of Services for Older Adults Experiencing Homelessness

**Karla Washington** • Hartford Faculty Scholar
University of Louisville
**Research Topic:** Examining Relationships among Patient Symptom Burden, Coping Strategies, and Caregiver Psychological Distress at End-of-Life

**Amanda Woodward** • Hartford Faculty Scholar
Michigan State University
**Research Topic:** Understanding Patterns of Service Use for Older Adults with Mental and Substance Disorders

To learn more about the Hartford Faculty Scholars Program, visit www.gswi.org.
Japanese Elders Vow To Brave Nuclear Danger
A news article from the BBC reports that a group of more than 200 Japanese pensioners are volunteering to tackle the nuclear crisis at the Fukushima power station. The Skilled Veterans Corps, as they call themselves, is made up of retired engineers and other professionals, all over the age of 60. The plant is still spewing radiation, nearly three months after an earthquake and tsunami knocked out its cooling systems, triggering explosions. Its operator, Tepco, has now confirmed three of the reactors probably suffered meltdowns. The plan is to bring the plant to a cold shutdown by January 2012. To cope with the disaster, Japan has raised the radiation exposure limit for emergency workers from 100 millisieverts to 250 millisieverts. Many of the older volunteers said they felt that, due to their current ages, they would not live long enough to experience the consequences of such radiation exposure.

Doctor’s Visits a Terrifying Ordeal for Taiwan’s Elders
A Taiwanese survey found that the majority of the nation’s senior citizens living on their own are uneasy about visiting doctors and find trips to hospitals unsafe and inconvenient, according to an article in the Taipei Times. The survey, conducted by the Taipei-based Huashan Social Welfare Foundation, found that more than half of the respondents said they were uncomfortable and sometimes even terrified during visits to the doctor. In addition, more than 43 percent said they found it difficult to understand what their doctors were saying or trying to explain to them. According to the survey, less than 40 percent of seniors who live alone take public transportation to the nearest hospital. Most walk, cycle or ride a scooter, the poll showed. Among those who use public transport, 35 percent said they sometimes or often have the experience of not being offered a seat. The survey was conducted nationwide during March and April, and surveyed 845 citizens over the age of 65.

Hungary Alters Plan for Early Retirees
Hungary’s state news agency, MTI, recently reported that the country’s ruling coalition may change the constitution in a parliamentary vote to cut retroactively or even take back pensions from early retirees. Under proposed legislation, people who haven’t yet reached the legal retirement age of 62 years may have their pensions reduced, converted to social benefits, or taken away if they are deemed fit to work.

Lithuania Set To Raise Retirement Age
Bloomberg News has reported that Lithuania’s parliament voted to raise the country’s retirement age to 65 as the government aims to narrow the budget deficit amid an aging population. Lawmakers voted 60 to 42, with 12 abstentions, to support the measure, according to the parliament’s website. The pension overhaul will raise the retirement age for both men and women to 65, with gradual increases starting in 2012 and ending in 2026. Women currently receive a full state pension if they retire at age 60, while men qualify at age 62 and a half. Lithuania, a nation of 3 million people, needs to cut its budget deficit to less than 3 percent of gross domestic product next year to meet European Union rules. This year’s shortfall is estimated at 5,3 percent.

GSA, AGHE Support Passage of Eldercare Workforce Legislation
The Gerontological Society of America (GSA) and its educational branch, the Association for Gerontology in Higher Education (AGHE), applaud the recent reintroduction of a U.S. Senate bill to address the critical shortage of healthcare professionals able to meet the needs of the country’s older adults. The Caring for an Aging America Act (S. 1095) was reintroduced by Senators Barbara Boxer (D-CA), Susan Collins (R-ME), Herb Kohl (D-WI), and Bernie Sanders (I-VT) on May 26. This legislation is designed to bolster the ranks of doctors, nurses, social workers, and other skilled health care workers required to care for a population of seniors that is projected to almost double over the next two decades.

“The legislation is an important step in averting a crisis in quality care for older people,” said GSA President Donald Ingram, PhD. “The first of America’s baby boomers began turning 65 earlier this year. The country’s 65-and-older population is expected to swell to 72 million people by 2030.”

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The Caring for an Aging America Act is expected to attract health professionals to gerontology and geriatrics by providing them with loan repayment opportunities in exchange for agreeing to work in underserved areas. This bipartisan bill expands the U.S. Health Resources and Services Administration’s National Health Service Corps Program to include primary health care professionals with training in gerontology and geriatrics.

“It is important that we give every incentive for health professionals to receive specialized education in caring for seniors,” said AGHE President Graham Rowles, PhD. “As our population ages, older patients must be assured that care providers are fully equipped to meet their needs.”

The legislation addresses recommendations found in “Retooling for an Aging America: Building the Health Care Workforce,” a report issued by the Institute of Medicine in 2008. The publication called for a labor pool of adequate size and competency to care for the rapidly growing population of American seniors.
Gerontology Program Begins Anew at WMU’s New Center

The new Center for Gerontology at Western Michigan University (WMU) is now open. The center is part of an effort to rekindle the training of both graduate and undergraduate students to serve older adults as well as research aimed at the aging population. Part of its mission is to provide an undergraduate minor in gerontology and a gerontology graduate certificate. The center revives WMU’s gerontology program, which was eliminated in 2004 due to budget cuts. The WMU Board of Trustees approved the new center in July 2010. The center will serve as a catalyst for health-related research on aging and actively pursue external funding as well as educational programs and service learning activities.

Grant To Support Virginia School’s Collaborative Care Efforts

A new $746,000 grant from the New York-based Josiah Macy Jr. Foundation will help to strengthen, expand, and assess interprofessional education opportunities for nursing and medical students at the University of Virginia, while creating best practices for collaborative patient care and developing new models for other schools to follow. The Macy Foundation grant will enable the schools to integrate teamwork training into expanded simulated clinical settings, with the goal of understanding how collaboration works successfully for a range of patient populations, illnesses, and environments. The grant will support the development and implementation of new faculty training programs, simulated cases, and course work, in addition to new types of assessment tools for evaluating inter-professional education behaviors and competencies.

UC’s New Facility Seeks To Tackle Alzheimer’s

The University of Cincinnati (UC) has opened a new medical center devoted to combating Alzheimer’s disease. The Memory Disorders Center at the UC Neuroscience Institute opened at UC’s Health Physician’s Office in May. The center will provide medical and support services for patients suffering from Alzheimer’s or memory loss as well as their families. The facility will use the latest technology and therapies available for Alzheimer’s and memory loss patients. The center also will work closely with the Ohio Geriatrics Society, the Council on Aging of Southwestern Ohio, and the Alzheimer’s Association to treat and support patients.

NIMH Welcomes Partners on States Initiative

The National Institute of Mental Health (NIMH) invites applicants to submit proposals for consideration as an NIMH outreach partner for the following states: Colorado, Connecticut, Florida, Georgia, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York and New York City, Ohio, South Carolina, Tennessee, Texas and the Texas border area, Utah, Vermont, Virginia, and Wisconsin. Non-profit organizations that conduct outreach on mental health are invited to submit proposals for participation in the NIMH Outreach Partnership Program, which is designed to facilitate and increase the use of science-based information on mental disorders nationwide. Organizations with experience in child and adolescent mental health and/or mental health disparities are encouraged to apply. Participation in the Outreach Partnership Program provides organizations with numerous opportunities to stay abreast of the latest advances in mental health research, interact with leading researchers in the field, and become involved in clinical research efforts. The Program also is an opportunity for outreach partners to dialogue with NIMH about the public health needs of communities within their states. Other program benefits include networking opportunities with other state and national organizations, sponsored participation in an annual meeting, and dedicated access to NIMH publications. Proposals are due August 23. Visit www.nimh.nih.gov/outreach/partnership-program/index.shtml for complete details.

Annual Hartford Doctoral Fellows Deadline Approaching

The Hartford Doctoral Fellows Program, which GSA administers, is accepting applications until August 1. This component of the nationwide Geriatric Social Work Initiative provides students with substantial financial support and professional development, prepares them for tenure track faculty positions at major universities, and offers them the opportunity to become leaders in an elite network of scholars. Grants of $25,000 a year for up to two years are available for students writing dissertations in the gerontological or geriatric social work fields. For more information, visit www.gswi.org. Funding is provided by the John A. Hartford Foundation, which seeks to strengthen the nation’s capacity to provide effective, affordable care to the older population by educating health professionals and developing innovations that improve and better integrate health and supportive services. The fellows are chosen by a national program committee.
Policy 101: What ESPO Members Should Know

By guest author Tara McMullen, MPH, University of Maryland, Baltimore and Baltimore County

Issues that affect older Americans have many budgetary and social implications for an aging society. Health care, long-term care, Social Security, older workers, and housing are just a few policy topics that are discussed at the many levels of government. Given the numerous policy and aging-related issues that exist today, it is imperative that students and emerging professionals identify a topic that appeals to their interests and become informed and engaged in the process that forms related policies. A collective interest in promoting engagement around policy development is essential, and it begins with stalwart and well-directed advocacy supported by students and emerging professionals. As emerging professionals, it is our duty to understand the many policy issues that affect older adults so that we can inform the policy process. Below is a short summary of various policies that impact older adults.

The Caring for an Aging America Act

The Caring for an Aging America Act (S. 1095) — legislation GSA supported in a recent press release — is expected to attract health professionals to the fields of gerontology and geriatrics by providing them with loan repayment opportunities in exchange for agreeing to work in underserved areas. The bill, reintroduced by Senators Barbara Boxer (D-CA), Susan Collins (R-ME), Herb Kohl (D-WI), and Bernie Sanders (I-VT), would offer various health and social service-related professionals with training in gerontology and geriatrics, while also providing loan repayment in return for their service. “This legislation is aimed at addressing the critical shortages in doctors, nurses, social workers and other skilled health care workers who will be needed to care for a population of seniors that is projected to almost double over the next two decades,” Boxer said. To read GSA’s press release, visit www.geron.org/pressroom.

Older Americans Act

The Older Americans Act (OAA) represents the diversification and innovation of a government program that meets the demands of an aging population by way of services and programs. The OAA maintains the welfare of older adults by providing community-based services such as support services, congregate and home-delivered meals, homemaker services, and health promotion services. The OAA will be considered for reauthorization in 2011. For more information, visit www.aoa.gov.

Social Security, Medicare, and Medicaid

Social Security is a supplemental retirement program established in 1935. It is the federal government’s largest program, offering benefits to retired workers, individuals with disabilities, and families of deceased workers. For more information on Social Security, visit www.ssa.gov.

Medicare is federally funded health insurance for adults 65 years of age or older and for individuals with disabilities. Medicare has four parts: Part A (hospital insurance); Part B (medical insurance); Part C, which combines Parts A and B options and for which private insurance companies that are approved by Medicare provide coverage; and Part D, the prescription drug plan, which was created under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 in an attempt to help cover the rising costs of prescription drugs.

Medicaid is a federal- and state-funded health insurance program available to individuals with limited incomes. Medicaid covers families, children, older adults, and other specific groups. For more information on Medicare and Medicaid, visit www.medicare.gov.

Advocacy: It Begins with You

The National Academy on an Aging Society, GSA’s policy institute, has developed an advocacy toolkit, which can be found online at www.geron.org/policy-center. It offers a few tips to jump start your advocacy action:

- Write letters to the editor of your newspaper (or blog) about issues;
- Go to town/city hall meetings;
- Invite your members of Congress to your facility/organization;
- Participate in activities organized by aging advocacy groups; and
- Write letters to your state senator, governor, mayor, and legislators.

It is essential that students and emerging professionals become active in local, state, or national policy initiatives. Collaboration with grassroots organizations, policymakers, stakeholders, or activists in aging advocacy groups is an important networking opportunity that will spearhead the creation of more effective aging policies. As the next generation of gerontologists, we can ensure that the knowledge we bring to the field from our respective disciplines will help promote the emergence of proactive policies that will have a positive influence on aging Americans. Activism and engagement begins with you. It is time to hit the pavement and demonstrate the knowledge and passion you have for those who are aging!

Special thanks are given to Drs. Robert Hudson, Donna Wagner and Kelly Niles-Yokum for their guidance with these topics.
Study Reveals CLASS Shortcomings

The Patient Protection and Affordable Care Act established the Community Living Assistance Services and Supports (CLASS) Act, designed to financially help those who have become disabled and need long-term care services and support, but a new report indicates CLASS may not be fiscally viable as currently structured. A new policy brief from Health Affairs and the Robert Wood Johnson Foundation examines this program created to provide financial support for home care, adult day care, or a nursing home stay, and highlights how policy-makers could make the program sustainable. Options range from changing the premium structure and lengthening the vesting period, to incentivizing employers and more. The brief is available at www.rwjf.org/coverage/product.jsp?id=43708.

Webcast Describes Elder Justice Act’s Potential Impact

In October 2010, the National Center on Elder Abuse (NCEA) held a webcast, “The Elder Justice Act: What It Says, What It Means, and When Will It Be Implemented?” The presentation covered a brief history of the development of the act, which was signed into law by President Barack Obama in March 2010 as part of the health care reform act. The webcast provides a section by section discussion and an explanation of the act’s implementation process. The webcast is now available to view at www.ncea.aoa.gov/NCEARoot/Main_Site/Library/Events_Webcast/Events_Archive.aspx.

Report Provides Comparative Look at Hospital Patient Safety

The U.S. Agency for Healthcare Research and Quality recently released the “Hospital Survey on Patient Safety Culture: 2011 User Comparative Database Report.” Based on data from 1,032 U.S. hospitals, this document provides initial results that hospitals can use to compare their patient safety culture to other U.S. hospitals. In addition, the 2011 report presents results showing change over time for 512 hospitals that submitted data more than once. The report consists of a narrative description of the findings and four appendices, presenting data by hospital characteristics and respondent characteristics. To read the report in its entirety, visit ahrq.hhs.gov/qual/hospsurvey11.

New Data Focuses on Home Health Aides

The U.S. National Center for Health Statistics has issued the 34th installment in its National Health Statistics Report series, “An Overview of Home Health Aides: United States, 2007.” This report presents national estimates of home health aides providing assistance in activities of daily living (ADLs) and employed by agencies providing home health and hospice care in 2007. Data are presented on demographics, training, work environment, pay and benefits, use of public benefits, and injuries. In the U.S. in 2007, 160,700 home health and hospice aides provided ADL assistance and were employed by agencies providing home health and hospice care. Most home health aides were female; approximately one-half were white and one-third black. Approximately one-half of aides were at least 35 years old. Two-thirds had an annual family income of less than $40,000. More than 80 percent received initial training to become a home health aide and more than 90 percent received continuing education classes in the previous two years. This report can be accessed at www.cdc.gov/nchs/nhhcs/nhhcs_products.htm; scroll down to data year 2007.

Money Follows the Person Project Explored in New Publication

Mathematica has released a new report on the U.S. Centers for Medicare and Medicaid Services-administered Money Follows the Person (MFP) Demonstration. The report, “Money Follows the Person: Change in Participant Experience During the First Year of Community Living,” is the sixth in a series of reports from the field that use the latest data available on MFP grants and state efforts to transition Medicaid enrollees to community living and rebalance their long-term care systems. The report presents preliminary survey results showing change in quality of life reported by 803 MFP participants after one year of community living. The full document is available for download at www.mathematica-mpr.com/health/moneyperson.asp#pubs.
Social Gerontology Award

The Gerontological Society of America, in collaboration with the American University, is hosting a best paper competition in the area of Theoretical Developments in Social Gerontology.

Submission Deadline: September 26, 2011

Papers outlining theoretical frameworks that cross disciplinary boundaries and the single disciplinary theoretical paradigm are encouraged. Papers examining the aging individual in a larger societal, economic, temporal, cultural, physical, and environmental context are welcomed.

A cash award of $2,000 is being made available for the winning paper to encourage this important and promising theoretical work in Social Gerontology.

Email inquiries and submissions to awards@geron.org.

Visit the Awards section of www.geron.org for details.

PROFESSOR • Institute of Gerontology at The School of Health Sciences in Jönköping, Sweden, has an opening and unique opportunity for a professor (or “docent”) with genuine interest in research on ageing and with experience as leader of research in an area relevant for older people’s health and living conditions.

TASKS • Develop research at Institute of Gerontology together with colleagues, monitor doctoral work and lecturing at basic, advanced and doctoral levels.

The Institute of Gerontology - one of five departments at the School of Health Sciences - has since 1970 had a rich program of interdisciplinary research on ageing and training programs for students in this field. Research themes address normal ageing, gender differences in ageing, health, ethics, dementia and applied studies on services for older people. Research and teaching at the Institute is often conducted via departmental, national and international academic collaboration as well as in collaboration with local, regional and national authorities. In recent years we have strengthened our profile with qualitative approaches such as life course narratives and ethnography, but most of our successful work has used our own quantitative, longitudinal data sets. We are now primarily interested in a person who work in a quantitative tradition.

QUALIFICATIONS • Candidates should have a prior record of research and publications to be qualified to be a professor in ageing and older people’s health and living conditions, or an area relevant for these themes. Candidates should be interested in interdisciplinary work and want to contribute to national cutting-edge research with an international standing.

Candidates should also have experience supervising research and doctoral students, experience obtaining research grants, capacity for team work, pedagogical competence and a record of activities in research networks.

The School of Health Sciences in Jönköping, Sweden, is an equal opportunity employer.

APPLICATION

Please submit, in three copies, your letter of application and CV, short description of scientific, educational, administrative experiences, and required salary before August 31, 2011.

Send application to:
School of Health Sciences
Att: Registrar
P.O. Box 1026
SE-551 11 Jönköping, Sweden
Please mark the envelope with reg. no 2011/505 (729).

FURTHER INFORMATION

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