inside this issue:

- GSA President Talks Policy
- Meet Your New Officers
- Bring GSA Books to the Classroom

Series B Seeks Papers for Special Issue
Authors are invited to submit papers for a forthcoming special issue of the Journals of Gerontology Series B: Psychological Sciences and Social Sciences focusing on widowhood and bereavement. The Call for Papers, accessible at www.geron.org/widowhoodbereavement.pdf, asks scholars to address the issue of widowhood in innovative ways and from novel perspectives. Micro- and macro-level analyses as well as quantitative and qualitative approaches are welcome. Manuscripts are due November 1 and the special issue is expected to be published in November 2013.

The Gerontologist to Feature Media Reviews
Effective with the August 2012 issue, The Gerontologist will include reviews of full-length films, thematic collections of films, and multi-part instructional materials. “On Film and Digital Media” will be coordinated by Humanities and Arts Editor Helen Q. Kivnick, PhD, who will be joined by two new associate editors, James Vanden Bosch, PhD, and Rick J. Scheidt, PhD. Questions and comments may be directed to Kivnick at hkivnick@umn.edu.

GSA Welcomes New Partner to Advance Gerontological Nursing
Effective July 1, GSA’s Washington, DC, headquarters has become home to the Coordinating Center for the National Hartford Centers of Gerontological Nursing Excellence (HCGNE), also known as the Building Academic Geriatric Nursing Capacity Initiative. This program is supported by a grant from the John A. Hartford Foundation.

GSA Fellow J Taylor Harden, PhD, RN, FAAN, is the National HCGNE’s director. “As we join GSA, I am optimistic about our future, and the united vision of gerontological nursing,” Harden said. “This move positions us for new ventures and opportunities to leverage the strengths of the National Hartford Centers, alumni, GSA’s Nursing Care of Older Adults Interest Group, and inter-professional collaborations.”

The National HCGNE is a collaboration between the Coordinating Center and centers housed at schools of nursing that have demonstrated the highest level of commitment to the field of gerontological nursing. They are located at Arizona State University, Oregon Health & Science University, The Pennsylvania State University, the University of Arkansas for Medical Sciences, the University of California, San Francisco, The University of Iowa, the University of Minnesota, the University of Pennsylvania, and The University of Utah.

The Coordinating Center also supports the studies of pre- and post-doctoral gerontological nurse scientists and educators through a program of awards. In the last 12 years, it has aided over 200 individuals who have gone on to teach nearly 33,000 students, receive over $74 million in funding, and publish over 1,300 articles on the care of older adults.

“GSA looks forward to supporting the work of the Coordinating Center and its scholars and..."

Nursing Programs Undergo Nationwide Transformation
As nursing schools begin their planned phase-out of gerontological nurse practitioner programs, new standards are being implemented to license, certify, and educate advanced practice registered nurses (APRNs) to care for the older adult population — including those wishing to specialize in this field.

The changes are being phased in by the schools, certifying bodies, and state boards of nursing, but all new requirements should be in place by 2015. Subsequently, gerontological nurse practitioners may retain their current certification, but APRNs entering the profession will receive certification as an adult-gerontology acute care nurse practitioner, adult-gerontology primary care nurse practitioner, or adult-gerontology clinical nurse specialist.

These certifications will be offered by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners Certification Program, or the American Association of Critical Care Nurses Certification Corporation.

Former GSA Health Sciences Section Chair Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, said she has already witnessed the positive impact of the revised standards at the University of Maryland School of Nursing, where she serves as the Sonya Ziporkin Gershowitz Endowed Chair in Gerontology.

“I am a firm believer in the benefits of this transition and worked with our faculty and revised our adult and gerontological programs several years ago to be combined into an adult gerontological nurse practitioner program,” Resnick said. “Since that time it has been extremely exciting to see the marked increase in students who decide to focus exclusively in care of older adults, and the increased knowledge and skills of all our graduates on how to provide exemplary care to older adults in a variety of clinical settings.”

Several years ago, the Advanced Practice Nursing Consensus Work Group and..."
From the Executive Director

Sunshine, Symposia Slated for San Diego

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

In the middle of summer, maybe the only thing that could shift your attention to GSA’s Annual Scientific Meeting this November is the promise of sunny skies and warm weather in San Diego. But there are now two more reasons why you should start making plans: online registration has opened and, by the end of July, we’ll have sent out abstract acceptance notifications to all first authors. (Please forward these messages to your co-presenters!)

Of course, there is still an opportunity to present even newer research in San Diego through the Late Breaker Poster Session. We will accept submissions from July 15 to September 15. Like last year, posters will have a more prominent place in the meeting’s program. In light of this, I encourage everyone with accepted poster abstracts to visit www.geron.org/webinars, where our website offers an extremely helpful presentation titled “Thinking Inside the Box: A Strategic Approach to Message-Driven Posters.”

There also are some unique aspects about the meeting I need to share.

The first things to note are the dates. This year, we’re starting on a Wednesday (November 14) and wrapping up on a Sunday (November 18).

Another change attendees will notice is that GSA is hosting a special post-conference workshop on the meeting’s last day. It’s going to focus on the phenomenon of global aging — framed through the lens of Latin America — and the possibilities for transnational collaboration in research and education. (This also is where we’ll discuss the results of the survey we conducted in May and June concerning members’ global activities.) The workshop will require a separate registration and we will include details about it in forthcoming GSA communications.

New to the program from our Behavioral and Social Sciences Section are the Discovery Exchanges, four experimental paper sessions intended to foster more interaction and discussion among authors and their audience. They will feature six brief presentations each followed by a five-minute question and answer period. More information about the exchanges and their topics will be included in the program book, and based on their popularity we may expand the format at future meetings.

For the second consecutive year, GSA is teaming up with the National Council on Aging for an NCOA Day at the meeting. Its 2012 theme will be “Building Integrated Sustainable Community-Based Health and Services Systems in California.” Participants will hear from the state’s aging network leadership — including community-based providers, researchers, funders, and payers — in a discussion on health care delivery transformation in California.

GSA is offering special rates at the meeting’s headquarters hotel, the San Diego Marriott Marquis & Marina, and two other nearby properties, the Hilton San Diego Gaslamp Quarter and Omni San Diego Hotel. All are within walking distance of the San Diego Convention Center, where the majority of sessions will take place. Please be aware that we have made a major commitment to these hotels — through complex negotiations of meeting space, functions, food service, and sleeping rooms — in order to provide the most value per dollar for the conference and those attending it. Thus, GSA needs your help to meet these contractual obligations through your patronage of one of the three hotels.

All the information you’ll need for your trip is located at www.geron.org/annualmeeting, where you can register, submit a late breaker poster, take advantage of hotel and travel discounts, and discover the value you and more than 4,000 colleagues will find in San Diego.

James

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In Memoriam

• GSA and AGHE Fellow Linda Lee Buettner, PhD, died on October 26, 2011. She was a professor in the Department of Community and Recreational Therapy at the University of North Carolina at Greensboro, and was an adjunct faculty member at Binghamton University and the University of Stavanger in Norway. From 2000 to 2007, she was a full professor in the College of Health Professions at Florida Gulf Coast University, where she also served as the director of the University’s Center for Positive Aging. Buettner was an important figure in the field of recreational therapy, pioneering the role of the recreational therapist in long-term care. She was known for her scholarship and teaching in the field of therapeutic programs for older adults with secondary symptoms of dementia, depression, and apathy.

• Toshio Tatara, PhD, a former director of the U.S. National Center on Elder Abuse, passed away in April. He also was a founding member of the International Network for the Prevention of Elder Abuse, where he was a longtime board member, regional representative from Asia, and winner of the International Rosalie S. Wolf Memorial Award in Elder Abuse. At the time of his death, he was a professor of social welfare at Shukutoku University College and Graduate School of Integrated Human and Social Welfare Studies in Chiba, Japan.

New Publications by Members


Members in the News

• Daniel J. Van Dussen, PhD, and Krystal Culler were mentioned in a March 25 article in the Youngstown Vindicator that focused on their research on hospice and palliative care. Their findings from a Youngstown State University pilot study of perceptions about hospice prompted a larger national study.

• Habib Chaudhury and GSA Fellows Robert Rubinstein, PhD, Rick Sheidt, PhD, and Graham Rowles, PhD, all were quoted in an article that appeared in U.S. News and World Report on April 5. This story discussed the importance of home, and the various perspectives, emotions and characteristics that accompany “home.”

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Harry “Rick” Moody, 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: Thomas M. Meuser, PhD

The recipient, who became eligible after referring new member Christine Ellison, 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.
Whitelaw’s Policy Outlook Encompasses Interdisciplinary Teamwork, Federal-Level Aging Focus

I recently had the pleasure of speaking with GSA’s president, Nancy Whitelaw, PhD, who shared her personal thoughts on a variety of current policy matters. She is a senior fellow of the National Council on Aging and a nationally recognized leader in the design and implementation of evidenced-based health programs for seniors.

Lindberg: Nancy, when installed as GSA president, you said, “There has never been a more critical time for us to promote the importance of science and rigorous scholarship in addressing the challenges of an aging society.” Please elaborate.

Whitelaw: I define science broadly to include the social and behavioral sciences as well as the biomedical. We need unbiased investigation to unearth the facts, but it is equally important to interpret and understand the meanings and implications of what we learn. This is why I included “rigorous scholarship” in my comment. Scholars from the arts and humanities and other disciplines contribute to our understanding of an aging society. Only through an interdisciplinary lens do we see the many dimensions of population aging — what it means to family structure, the work force, educational systems, health care, and, of course, the service sector and entitlement programs. GSA, with its commitment to interdisciplinary work and scholarly understanding, is the best forum for examining the implications of population aging.

Lindberg: Your background in public health and chronic disease prevention and treatment gives you a birds-eye view of many agencies and institutions. Would you say that there is an overarching vision of aging research in the federal government in agencies like the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, Administration on Aging, Health Resources and Services Administration, National Institute on Aging, the Department of Veterans Affairs, and the Department of Defense?

Whitelaw: No, I don’t think there is an overarching vision of aging research in the federal government. I’m not sure that leaders in the federal sector think that there should be, and frankly, I don’t know if that is really the federal government’s role. Clearly, there are very capable people in the agencies that you have mentioned, and I have worked with many of them. They’re deeply committed to aging issues. Individually, they try to figure out how they can advance our understanding of aging within their own agencies and what they might be able to do collectively. But there are structural barriers to agencies working collaboratively and developing a shared agenda.

Lindberg: How do we create a field advancing the non-medical solutions, draw attention to them, and show the value of them? For example, in the health reform law, the Affordable Care Act, care coordination was highlighted as being a way to save money for Medicare and Medicaid.

Whitelaw: I’m convinced that the huge increase in healthcare costs and spending on Medicare is directly related to the medicalization of aging. I think this is somewhat unintentional, related to a complex mire of factors including how Medicare is funded and what it pays for, and how aging-related research is organized. For example, with the National Institute on Aging in the National Institutes of Health, it is likely that most aging-related research will have a very strong medical focus, and be based upon a disease model. The other issues, around workforce participation, healthy environments, behavioral health, and more, are not getting the attention that they deserve. It will be a challenge to properly focus on these aspects of aging if we continue to work through the National Institutes of Health and Centers for Medicare and Medicaid Services/Affordable Care Act structure and the medical model. I think that care coordination work will face that
struggle, as will our self-management work. Will care coordination and self-management have to be medicalized to take hold? If so, will their positive impacts be undermined? I would like to see more research in these areas. Support for such research is going to have to come through places like the Administration on Aging, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, assistant secretary for planning and evaluation, and, perhaps, the foundations. We're going to have to conduct it in such a way that we can envision implementation through a variety of structures and systems and not just through the medical system.

Lindberg: How can we bring research funded by philanthropy to the policy agenda?

Whitelaw: Philanthropy has a very important role to play around aging research. Part of this perspective is personal: my career has been shaped by funding from philanthropy. Philanthropy has made critical contributions to the field, notably the John H. Hartford Foundation, The Atlantic Philanthropies, and the Robert Wood Johnson Foundation. And, we should not overlook the contributions of strong regional foundations such as Archstone, Retirement Research, Health Foundation of South Florida, and others. In my opinion, philanthropy has an essential role in research translation. The great role for philanthropy would be to interpret and put to use the science that we have, and to study that translation process. Regional and community philanthropies are important partners in putting research into practice. While acting to address local needs and concerns, they can be guided by science and scholarly work in the search for solutions that will have a positive impact. Grantmakers in Aging has done much to promote philanthropy’s interest in aging, to develop a kind of shared understanding of the issues, and to shape collaborations among philanthropic organization and between philanthropy and state and federal funders.

Lindberg: Let’s talk a little more about the Centers for Disease Control and Prevention, the CDC. How would you rate the CDC in terms of its resources devoted to the elderly population?

Whitelaw: Well, I guess at this point, it’s important to point out that I have a PhD in public health so my criticisms come from a place of deep respect. That said, I am disappointed by the lack of attention among CDC senior officials to aging. In my opinion, this is due in part to seeing aging through the lens of the medical model, as we discussed earlier. That is a big mistake for the well-being of older adults and for the importance of community-based and population-based approaches. I also think that language focusing on “primary prevention” creates unnecessary distinctions and undermines the importance of prevention, in all its forms, to older adults. Sometimes it’s primary, and sometimes it’s secondary or tertiary. Interventions can still be population focused; prevention has real measurable benefits to older adults with multiple conditions and limitations. Around falls prevention, self-management, physical activity, nutrition, behavioral health, and social isolation there’s so much that could be done. I commend the work that CDC is doing on healthy aging and falls prevention, but the investments are way too small and do not get the priority that they merit. Of course, I would like to see the CDC embrace the aging population — to more fully embrace a life course and inter-generational approach to population health.

Lindberg: Please tell me about the white paper that GSA and the National Council on Aging wrote, “Strengthening the Effectiveness of Services for Older Americans: Establishing Research, Demonstration and Evaluation Leadership and Standards for Aging Services under the Older Americans Act.”

Whitelaw: Through a wonderful collaboration between NCOA and GSA, Anna Vandenberg of Emory University and policy leaders at the two organizations prepared this paper with input from experts around the country. The paper explores why research and training are not as prominent as they need to be within AOA, and offers specific recommendations for increasing the rigor, credibility, and accountability in the research, demos, and training done under the Older Americans Act. The report makes the following specific proposals for OAA reauthorization that, taken together, establish a systematic, robust research vision for AOA and the broader aging network.

1. Establish a new chief science officer under Title II
2. Establish a National Advisory Council for Aging Services Program Research Demonstration, Evaluation, and Training under Title II
3. Rename Title IV
4. Sharpen the purpose of Title IV
5. Define the role of the chief science officer under Title IV
6. Bring evaluation procedures under Title II Section 206 into alignment with the changes made to Title IV
7. Establish competency-based educational standards for service providers funded through Title III

Whether the OAA is reauthorized this year or next, we will work to have these ideas incorporated into the final bill. [Editor’s note: The report can be downloaded at www.geron.org/oaarecommendations.pdf.]

Lindberg: GSA is a leader in a number of areas. How can we communicate better the successful integration of the clinician, the social scientist, the analyst, and the practitioner to shape policy?

Whitelaw: It makes me think that we should probably have more stories about the success of our interdisciplinary and intersectorial efforts. In these days of the “cult of personality” and “thought leaders,” we need to make a concerted effort to describe the exceptional outcomes that strong collaborations and interdisciplinary work can achieve. GSA could create a series of stories, the most impressive results that have come out of our field in the last five to eight years, and document all the disciplines and the multi-institutional collaborations and the multi-methods aspects of the work. I don’t think we’ve got those stories at our fingertips and we need them. This is something we should try to do.
Continued from page 1 - GSA Welcomes New Partner to Advance Gerontological Nursing

fellow, and to cultivating ever stronger interdisciplinary links throughout the Society membership, to help advance research, education, and practice in gerontology,” said GSA Executive Director James Appleby, RPh, MPH.

The National HCGNE has three stated goals: to prepare new faculty to provide academic leadership in geriatric nursing for associate and higher degree nursing programs nationally to address the dynamic and changing needs of the older adults of the future; to enhance the geriatric expertise of current faculty at associate and higher degree nursing programs nationally to address this issue through the National HCGNE, we can increase competency to care for older Americans,” Watman said. “By addressing this issue through the National HCGNE, we can increase older patients’ satisfaction, better manage their health conditions, and improve health outcomes.”

The National HCGNE now becomes the second John A. Hartford Foundation-sponsored project to make its home at GSA, alongside the Geriatric Social Work Initiative, which the Society has administered for over a decade. The Foundation’s mission is to improve the health of older Americans.
How to Balance Work and Family Life

It just never seems like there are enough hours in the day! As student and transitional members of GSA, many of us are balancing the demands of an emerging career while also nurturing a developing relationship, planning a wedding, settling down, buying a house, or raising children. All of these things could be a full-time job, yet many of us balance all of these tasks each and every day. You know that person in your office or circle of friends who just seems to “do it all” and always has a smile on his or her face? This installment of ESPO News provides some advice received from friends, family, and colleagues over the years to help balance work and family life. Maybe one day we will be that person who can “do it all!”

Organization
This may seem like an obvious one, but organization is key! My sister manages two little ones and their endless number of activities, working, and taking care of the household, and she puts every little thing on the calendar. Her calendar tells her where and when she needs to be somewhere, whether she needs to bring money/drinks/snacks, what her work schedule consists of, what her family will have for dinner, and even whether she needs to thaw chicken a day ahead of time. This way she can focus her energy on more important things, like family, children, and work, rather than remembering whether or not she was supposed to bring juice boxes to the soccer game!

Priorities
A professor of mine has often said that when talking to students and postdocs who were new parents in our department, “it’s all about priorities.” These words of wisdom have stuck with me, and balancing family and school requires organized priorities, effective time management, and communication. Priorities may change based on deadlines or personal goals. So it is important to decide when you’ll take care of these tasks or relationships, and schedule your time accordingly. Regularly discuss with your partner your needs, his/her needs, and your relationship’s needs, and either review priorities or revise schedules to ensure each area gets appropriate attention. It might also be helpful to work together to set boundaries (e.g., no school discussions on date nights) and to schedule activities that maintain closeness in your relationship.

Relationships and Social Support
“Graduate school is not a time to make or break personal relationships” were words of advice ESPO member Krystal Culler received from a mentor upon entering graduate school. As a student with limited financial resources, we need to utilize the support available from our program and department peers as well as faculty, family, and friends. Taking the initiative to nurture relationships that are professionally rewarding within our department can help us to develop opportunities for success in our careers, and personal relationships can provide emotional and social support in times of need.

Avoiding Guilt
When children enter the family dynamic, the number one question you may ask yourself is, “How can I manage the 100 things I need to do today?” Multi-tasking can be very helpful. However, at the end of the day, you are only one person and there are only 24 hours in the day, so avoid feelings of guilt when you can’t do it all.

In the article “The Top 10 Tips for Balancing Work and Family Life” by Natalie A. Gahmann, the author describes “guilt as one of the greatest wastes of emotional energy.” You just do what you can, each and every day. You need your partner’s full support and willingness to step in, such as when papers or a grant is due. Make sure you get time to recuperate from strenuous work and family activities, like pulling an all-nighter when your kid is sick. And don’t be too hard on yourself when you can’t participate in all the extracurricular events going on at your school because instead you have to devote your attention to the little one(s)!

Being Present
Being present and in the moment is an important one we often forget. When you are at work, be focused on your work, and when you are at your daughter’s gymnastics recital, enjoy watching her! In short, when you are doing something, let yourself focus your energies on that task rather than thinking about the other things you have to do later today or tomorrow. Someone who is working on both developing a career and a family at the same time should spend the time to enjoy and “be in the moment” for these important and rewarding life events.

Personal Breaks
After you have managed to do all that you can during the day, give yourself at least a few minutes of “me” time each day. Try to plan ahead to allow yourself time for weekly, if not daily, uplifts and activities that you enjoy, whether it is cooking dinner, watching a weekly television show, reading a book for 10 minutes before bed, walking your dog, or working out in the morning before work.

Thanks are given to Krystal Culler, BA, Kellye S. Carver, MS, and Julie Norstrand, MS, MSW for their contributions to this article.
The Election Results

GSA Congratulates the following candidates on the conclusion of the 2012 AGA.

**Society-Wide**

**President-Elect**
Rosemary Blieszner, PhD

**Behavioral and Social Sciences Section**

**Chair-Elect**
Thomas M. Hess, PhD

**Member-at-Large**
Manfred Diehl, PhD
Suzanne Kunkel, PhD
Suzanne Meeks, PhD

Become a Volunteer

GSA currently has positions available for the Society’s 2013. Members are encouraged to nominate themselves or their colleagues. Please contact kbrown@gero.org for names and CVs of candidates.

8 • July 2012 • gerontology news
Results Are Here!

Candidates who will take their offices at the Annual Scientific Meeting.

Biological Sciences Section

Chair-Elect
Charlotte Peterson, PhD

Health Sciences Section

Chair-Elect
Ronald Shorr, MD, MS

Social Research, Policy, and Practice Section

Chair-Elect
Katherine Hyer, PhD

Emerging Scholar and Professional Organization

Chair-Elect
Candace Brown, MAG, MEd

Secretary
Jennifer Palmer

Communications Chair
Moon Choi, PhD

Become a leader!

The Society is looking for candidates who are interested in running for elected offices in 2013. Candidates are encouraged to submit their own nominations or those of suggested colleagues.

Submit your nomination(s) at geront.org with the name(s) of suggested candidates.
Canadian Government to Fund Longitudinal Study on Aging
As reported in The Toronto Star, the forthcoming Canadian Longitudinal Study on Aging will be one of the largest and most comprehensive, long-term studies ever conducted on health and aging. The government of Canada provided $23.5 million in funding to cover the costs of data collection for the first five years of the study, and $26 million to build the infrastructure across the country. The study will follow 50,000 people between the ages of 45 and 85 over a 20-year period. Experts will collect information on the biological, medical, psychological, social, lifestyle and economic aspects of the participant’s lives. There will be approximately 160 investigators from multiple universities across the country. All volunteers will be interviewed every three years, with a follow-up call midway so investigators can inquire about their health and well-being. The data will be available to researchers is expected to be studied for the next five decades.

Australia Launching Innovative Inner-City Homes
The age.com.au published an article describing a new project from the health insurance company Australian Unity, which is developing a $180 million aged-care center aimed at baby boomers who may not enjoy the idea of the single-story suburban retirement facility. The new model for senior living will include the mid or high-rise, inner-city home, allowing older adults to remain in the city area close to family and friends while they receive the extra care that may be required. The six-story building is designed to include a café, shop, adult day center, meeting room, gym, and pool, all of which will be accessible to the public and residents of the complex.

China’s Government to Provide Assistance for Rural Older Adults
An article published in China Daily indicated that the government in China plans to provide resources to improve services for the older adults living in rural areas. According to the vice-minister of civil affairs, Dou Yupei, the number of rural older adults will be 20 percent higher than urban seniors in 28 provincial-level regions. He also indicated that the government plans to have 50 percent of rural communities with basic accommodations and services for older adults by 2015. Within this strategy, the government’s efforts may allow 90 percent of older people to age in place with in-home services.
Continued from page 1 - Nursing Programs Undergo Nationwide Transformation

National Council of State Boards of Nursing APRN Advisory Committee endorsed the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education, thus eliminating the specific gerontological nurse practitioner and clinical nurse specialist tracks and the associated national certification exams by 2015. The model document is available at www.aacn.nche.edu/education-resources/APRNReport.pdf.

In September 2008, the John A. Hartford Foundation made its first of two grants to the American Association of Colleges of Nursing (AACN) in partnership with the Hartford Institute for Geriatric Nursing at New York University. Using these funds, the AACN created, disseminated, and implemented three sets of national, consensus-based gerontology-related competencies — for the primary care and acute care nurse practitioner and the clinical nurse specialist — to all schools of nursing.

Resnick added that although the gerontological nurse practitioner track has ended, the new standards will ensure that all APRNs receive training to meet the needs of the aging population.

“I say, seize the opportunity and recognize that there will always be a select group of individuals who excel in care of older adults, practice exclusively in this area, focus their research programs on solving clinical problems relevant to older adults, and/or teach geriatrics,” Resnick said.

The competencies are intended to be used in conjunction with and build upon the graduate and APRN core competencies outlined in the AACN’s “Essentials of Doctoral Education for Advanced Nursing Practice” or the “Essentials of Master’s Education in Nursing.”

Several resources are available to communicate changes in licensure, accreditation, certification and education, including learning modules, case studies, a PowerPoint slide library, and evidence-based literature reviews to assist faculty in teaching gerontology content. These resources have been shared through well-attended faculty development workshops and webinars. The tools, archived webinars, and other resources can be accessed at www.aacn.nche.edu/geriatric-nursing/aprn-education-project.
Immediate Past-Chair of GSA Health Sciences Section. Director of the GRECC at the VA Greater Los Angeles Healthcare System. Professor of Medicine at the David Geffen School of Medicine at UCLA. Associate Director of the UCLA Multicampus Program in Geriatric Medicine and Gerontology. Member of the Board of Directors and Treasurer of the American Geriatrics Society. Member of the Board of Directors and Past-President of the California Geriatrics Society. **GSA Fellow.*

“Membership in the GSA provides a unique opportunity to join with researchers, educators and clinicians from an incredible diversity of fields and backgrounds, who are united by their common interest in aging and gerontology. It's an incredible organization where trainees and junior faculty can make contacts with national and international leaders in the field. The GSA Annual Scientific Meeting is an opportunity to meet and exchange ideas. It was at a GSA Annual Meeting that I made the contacts that led to my first faculty job! Most of all, I really value the opportunity to work with experts in fields other than my own through GSA.”

Cathy Alesi, MD

Founded in 1945, The Gerontological Society of America (GSA) is the driving force behind the advancement of gerontology worldwide. We believe the intersection of research from diverse areas is the best way to achieve the greatest impact and promote healthy aging.

Be part of the leading multidisciplinary society on aging research. Learn more at [geron.org/membership](http://geron.org/membership).

*Fellowship — the highest class of membership within the society — is an acknowledgment of outstanding and continuing work in the field of gerontology.
Older Adults May Need More Vitamin D to Prevent Mobility Difficulties

Older adults who don’t get enough vitamin D — either from diet, supplements, or sun exposure — may be at increased risk of developing mobility limitations and disability, according to new research published online this month in the *Journals of Gerontology Series A: Biological Sciences and Medical Sciences.*

“This is one of the first studies to look at the association of vitamin D and the onset of new mobility limitations or disability in older adults,” said lead author Denise Houston, PhD, RD, a nutrition epidemiologist in the Wake Forest Baptist Medical Center Department of Geriatrics and Gerontology. Houston researches vitamin D and its effects on physical function.

The study analyzed the association between vitamin D and onset of mobility limitation and disability over six years of follow-up using data from the National Institute on Aging’s Health, Aging, and Body Composition study. Mobility limitation and disability were defined as any difficulty or inability to walk several blocks or climb a flight of stairs, respectively.

Of the 3,075 community-dwelling black and white men and women aged 70 to 79 who were enrolled, data from 2,099 participants was used for this study. Eligible participants reported no difficulty walking one-fourth mile, climbing 10 steps, or performing basic, daily living activities, and were free of life-threatening illness. Vitamin D levels were measured in the blood at the beginning of the study. Occurrence of mobility limitation and disability during follow-up was assessed during annual clinic visits alternating with telephone interviews every six months over six years.

“We observed about a 30 percent increased risk of mobility limitations for those older adults who had low levels of vitamin D, and almost a two-fold higher risk of mobility disability,” Houston said.

Houston said vitamin D plays an important role in muscle function, so it is plausible that low levels of the vitamin could result in the onset of decreased lower muscle strength and physical performance. Vitamin D may also indirectly affect physical function as low vitamin D levels have also been associated with diabetes, high blood pressure, cardiovascular disease and lung disease — conditions that are frequent causes of decline in physical function. Houston said people get vitamin D when it is naturally produced in the skin by sun exposure, by eating foods with vitamin D, such as fortified milk, juice, and cereals, and by taking vitamin D supplements.

“About one-third of older adults have low vitamin D levels,” she said. “It’s difficult to get enough vitamin D through diet alone and older adults, who may not spend much time outdoors, may need to take a vitamin D supplement.”

Current recommendations call for people over age 70 to get 800 international units of vitamin D daily in their diet or supplements. Houston pointed out that current dietary recommendations are based solely on vitamin D’s effects on bone health.

“Higher amounts of vitamin D may be needed for the preservation of muscle strength and physical function as well as other health conditions,” she said. “However, clinical trials are needed to determine whether increasing vitamin D levels through diet or supplements has an effect on physical function.”

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Call for Nominations
2013 Busse Research Awards

To promote international research in gerontology, two Busse Research Awards will be given at the 20th IAGG World Congress of Gerontology and Geriatrics in Seoul, Korea, June 23-27, 2013. Two gerontologists (junior or mid-career) will be selected. One award will recognize a scientist from the social/behavioral sciences; the other from the biomedical sciences. Awards are $6,000 (USD) each, plus up to $3,000 (USD) for travel/living expenses. Awardees must present a lecture based on their research at the conference. Deadline for receipt of applications: October 1, 2012.

For information and application forms, visit WEBSITE: www.geri.duke.edu/busse/busse.html or contact:

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The National Institute on Aging and the National Institute on Cancer have issued a funding opportunity announcement that encourages translational research proposals in the overlapping areas of human aging and cancer, linking basic and clinical research relevant to the care of older cancer patients through both bench-to-bedside and bedside-to-bench approaches. Ultimately, information from the research supported by this initiative should improve the health and well-being of older patients at risk for, or diagnosed with, cancer and decrease the functional impairment and morbidity associated with cancer in this population. Additional details may be obtained at grants.nih.gov/grants/guide/pa-files/PA-12-136.html. This funding opportunity expires May 8, 2015.

NIH Offers Funds to Study Newly Available HRS Genetic Data
The National Institutes of Health (NIH) is encouraging grant applications that will use the genotype data from the Health and Retirement Study (HRS) for new and innovative research purposes. The HRS is a longitudinal, nationally representative sample of the U.S. population aged 50 years and older (plus spouses) with an oversample of African and Hispanic Americans and a total sample size of over 20,000. This funding opportunity announcement encourages applications taking advantage of the newly available genetic data to advance understanding of how genetic, behavioral, and psychosocial factors affect the health and well-being of older Americans. Applications on the following topics are particularly encouraged: population genetic studies of relevance to aging and aging phenotypes; use of the longitudinal data to optimize behavioral and social phenotypes and explore the role of genetic influence over time; the use of longitudinal data allowing for different types of phenotypes to be examined; use of genetic data to explore mechanisms linking social behavior and health outcomes; investigation of the effects of previously identified “disease genes” in a normal population, including phenotype mining (aka reverse phenotyping) approaches; studies of the role of social and environmental factors in modulating genetic effects on health and wellbeing; efforts to harmonize and pool data across studies to maximize power for association studies; and collaborations between HRS survey data and laboratory research to better identify behavioral and social phenotypes and to identify functionality of the gene(s) identified in association studies. This funding opportunity expires on September 9, 2014. Additional details may be found at grants.nih.gov/grants/guide/pa-files/PA-11-318.html.

NIA Dissertation Awards Encourage Diverse Research Field
The National Institute on Aging (NIA) has reissued the announcement for its Aging Research Dissertation Awards to Increase Diversity, which are designed to support individuals whose advancement in research will help ensure that a diverse pool of highly trained scientists is available in appropriate scientific disciplines to address NIA’s mission. This funding opportunity expires January 8, 2013. For additional information, visit grants.nih.gov/grants/guide/pa-files/PAR-11-291.html.

Critical Illness, Injury Is Focus of New Grant Announcement
A new funding opportunity from several National Institutes of Health agencies is designed to encourage research project grant applications proposing to study mechanisms and management of critical illness and injury, including trauma and neurotrauma, in aging. Studies may be mechanistic, observational, or interventional in nature. Secondary analyses of existing datasets, such as from large observational studies or clinical trials, may be proposed to understand relationships between age and clinical outcomes of interest. Animal studies are appropriate in cases where human studies are not feasible. Applicants are encouraged to address aging-specific factors regarding predisposition to, management of, and/or outcomes from, critical illnesses and injuries. This funding opportunity expires January 8, 2013. For additional information, visit grants.nih.gov/grants/guide/pa-files/PA-10-042.html.
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