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JG:SS Issues Call for Papers on Social Networks
The Journal of Gerontology: Social Sciences (JG:SS) is planning a special issue on social networks, which will be published in early 2015. The journal is particularly interested in papers that analyze social networks in sophisticated or innovative ways. Micro- and macro-level analyses as well as theoretical, quantitative, and qualitative approaches will be considered. Analyses involving egocentric or whole networks are welcome, as are analyses involving social network indices or triadic and higher-order processes. Manuscripts should be submitted by November 1; visit www.geron.org/jgss for the full Call for Papers.

Give Back Through GSA’s Innovation Fund
As the field of gerontology expands and evolves, GSA will continue to provide a trusted and valued professional home for its members. To help achieve this goal, the Society welcomes contributions to the GSA Innovation Fund, which is used to invest in the development of new programs, products, and services for members. Learn more at www.geron.org/giveback.

New Orleans Workshop to Kick Off NIA-Funded Translation Series
The National Institute on Aging (NIA) has awarded GSA a two-year conference grant to hold a workshop series focused on accelerating the translation of knowledge to community practices for older adults. The first event will be held in the days prior to the start of GSA’s Annual Scientific Meeting in New Orleans this November.

The workshops represent an effort to energize and focus applied researchers to translate knowledge into widespread and sustainable practices in community-based organizations serving older adults. The first will examine family caregiving to persons with dementia and is being chaired by GSA Fellow Laura Gitlin, PhD; the second, slated for November 2014 in Washington, DC, will be based around aging with disability.

Subsequent topics — contingent on additional funding — will likely include elder abuse, vulnerable older workers, end-of-life care, and GLBT older adults.

GSA Takes Leading Role on New Healthy Aging Project
Several senior GSA staffers have been named as founding members of the Steering Committee of Uniting a Community: Healthy Aging Across the Lifespan, an initiative designed to stimulate knowledge of and action around pressing health policy issues affecting aging adults.

Uniting a Community is expected to build upon the success of the Patient Advocacy Leaders Summit (PALS), now in its 11th year. Both projects are supported by GlaxoSmithKline and are designed to connect, educate, and empower organizations working to create a healthy America.

The inaugural event under the Uniting a Community banner was a forum held in Washington, DC, on May 9, where more than 40 participants representing multiple organizations met to connect and find common ground around pressing health policy issues facing aging adults, their families, and communities.

“GSA was pleased to serve as one of the founding Steering Committee organizations along with the Alliance for Aging Research, the American Federation on Aging Research, CaregiverActionNetwork, National Patient Advocate Foundation, and Research!America,”

Continued on page 6

Continued on page 11
From the Executive Director

The Big Easy Gears Up for GSA’s Big Meeting

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

Summer’s often a time many of us hope is free of homework assignments, but I’d be remiss if I didn’t point out a few items requiring your attention regarding this November’s GSA Annual Scientific Meeting in New Orleans.

By now you should have received e-mails about registration and lodging discounts; it’s important to make your plans early to get the best possible rates, and before hotel rooms book up. We will be sending abstract acceptance notices by the end of the month to all first authors. And we will accept submissions for the Late Breaker Poster Session from July 15 to September 15.

Once you take care of these simple details, there’s a lot to look forward to in New Orleans. We’ll go into more depth about many of them in our upcoming e-mails and newsletters, but I’d like to share some of the most interesting things that await us.

In last month’s Gerontology News, we introduced you to Bruce Clark, DPH, who will deliver the keynote address at the President’s Opening Plenary Session. He’s an expert on the social, financial, health care, and marketing implications of the aging of America, and in gerontology circles, he’s perhaps best known as one of the co-founders of Age Wave, LLC.

We just received word that the National Institute on Aging has awarded the National Institute on Aging a conference grant to launch a workshop series under the theme of “Accelerating Translation of Knowledge to Community Practices for Older Adults” while we’re in New Orleans. GSA also is preparing for the second installment in our three-year workshop series on aging, the central nervous system, and mobility in older adults, while the Global Aging Forum that we launched last year will be held again on the final day of the meeting.

And GSA will bring back some valuable electronic resources that we piloted at the 2012 meeting. Our Mobile Meeting Planner, scheduled to launch in October, will provide real-time program updates, a searchable schedule, exhibitor and sponsor information, and maps for the meeting spaces. Likewise in October, you will have access to the Annual Scientific Meeting E-Book, a digital publication containing every session abstract. It can be viewed on a desktop computer, iPad, Nook, or Kindle.

We have two co-headquarters hotels for the meeting, the Sheraton New Orleans and New Orleans Marriott, which are offering special rates through our website. Both are on the edge of the city’s popular French Quarter, and they’re where all of our meeting sessions will take place. But the convenient location is not the only reason it is important that our attendees make reservations at these two properties. GSA has made a major commitment to the conference hotels; a complex negotiation of meeting room space, functions, food service, and sleeping rooms provides the most value per dollar for the conference and those attending it. GSA needs your help to meet these contractual obligations through your patronage of the co-headquarters hotels.

New Orleans itself has had some noteworthy accomplishments since we held our last meeting there. They’ve introduced a new streetcar line, pedicabs, and hop-on-hop-off tour buses to add to existing transportation options. And the airport recently underwent a $300 million modernization. They have also undertaken the development of a new biomedical district in the downtown mid-city area. This currently encompasses the BioInnovation Center, Louisiana Cancer Research Center, Southeast Louisiana Veterans Hospital, and the Tulane Simulation Center.

Pay a visit to www.geron.org/2013 to register, submit a late breaker poster, take advantage of discounts, and explore the many unique experiences awaiting us in New Orleans.

James

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In Memoriam

Long-time GSA member Mary Mitchum MacKinnon, MSN, passed away in January at the age of 74. MacKinnon earned her master’s degree in nursing at Emory University, and later received a certificate in gerontology at Georgia State University (GSU). She served as the director of student affairs for the GSU Gerontology Institute for more than two decades before retiring in 2009. In a tribute on the institute’s Facebook page, MacKinnon was remembered as “a tireless advocate for our students and a passionate member of the GSU Gerontology family.”

New Publications by Members


Members in the News

• On April 5 Kenneth Langa, MD, PhD, and Richard Hodes, MD, were mentioned in an article regarding the financial costs of dementia in The News Tribe. National health expenditures for Alzheimer’s disease and related dementias are reported to have intensified with the signing of the National Alzheimer’s Project, which looks for increased efforts for treatments, care, and services for Alzheimer’s.
• GSA Fellow Joseph F. Coughlin, PhD, authored an article on April 17 that appeared in The Wall Street Journal regarding questions that predict future quality of life. Coughlin is the director of the Massachusetts Institute of Technology AgeLab.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Dorly Deeg, 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: Rosemary McCaslin, PhD
The recipient, who became eligible after referring new member Andrew Phillip R. Bauer, MSW, 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.

Delegates Attend Co-Sponsored Chinese Conference

In April, GSA sent a delegation of four members to the Sino-U.S. Forum on Psychology of Aging in Beijing, China. The Society co-sponsored this event with Beijing Normal University and Tianjin Normal University. The group, which consisted of GSA President-Elect Rosemary Blieszner, PhD, and Fellows Scott M. Hofer, PhD, Bob G. Knight, PhD, and Nancy Wilson, MA, LCSW, was accompanied by GSA Controller Jilan Chen. GSA’s participation was a component of the organization’s China Initiative, which seeks to increase collaborations between gerontological researchers in the U.S. and China. The forum advanced the causes of psychology and gerontology in China, revealing universal similarities regardless of nationality or culture.

Gugliucci Recognized for Innovation in Clinical Medical Education

GSA Fellow and HS Section Chair Marilyn R. Gugliucci, PhD, has been awarded the 2013 Marguerite Elliott Innovation in Clinical Medical Education Award by the national Society of Osteopathic Medical Educators. Recipients are selected by peer-review based on merit. Gugliucci was recognized for her Learning by Living: Life Altering Medical Education Program, a nursing home immersion program she developed whereby medical students are “admitted” into nursing homes to live the life of an elder resident for two weeks (24 hours a day) complete with a diagnosis and standard procedures of care. As a recipient of this prestigious award and in recognition of Gugliucci’s achievement, she was invited to present at the 2013 Joint American Association of Colleges of Osteopathic Medicine/Association of Osteopathic Directors and Medical Educators Annual Meeting in April in Baltimore, where she also received the award. She currently is a professor and the director of geriatrics education and research at the University of New England College of Osteopathic Medicine.

Calkins’ Work Earns Ohio Honor

GSA Fellow Margaret Calkins, PhD, received the Ohio Association of Gerontology and Education (OAGE) Outstanding Researcher Award in April. This distinction recognizes individuals and/or organizations in Ohio’s aging network whose research have advanced knowledge in gerontology and/or related disciplines that have improved services for older adults; advanced knowledge of aging process; or supported the expansion of research in the aging field in Ohio or nationally. Calkins is nationally recognized as a leader in the field of environments for elders. She is president of IDEAS: Innovative Designs in Environments for an Aging Society, a consulting firm dedicated to exploring the therapeutic potential of the environment — social and organizational as well as physical — particularly as it relates to frail and impaired older adults. She is also chair of the board of the IDEAS Institute, which focuses on research and education in the same area. She also serves on numerous boards, including the editorial board for The Gerontologist.
The Legislative Dog Days of Summer

With all of the talk about political gridlock and the sluggish Congress, you may be interested to learn that 3,946 bills and resolutions have been introduced this session of Congress as of June 10. Of these, 13 have been enacted, 156 are resolutions that have been passed, and there is currently one bill awaiting the president’s signature. Last year, just 61 bills were enacted, and in 2011, 90. These were the only double-digit years since 1995 when only 88 bills passed. Many Washington watchers believe that this year will have the dubious honor of being the least productive Congress yet.

My belief is that it shouldn’t be quantity but quality when it comes to legislation. Below I will discuss some of the bills that have been put before Congress. Most of these will not be passed out of committee. The ones discussed by a committee and “voted out” at least have a chance to make it to the House or Senate floor. Some of these bills will be combined with other like-minded legislation or legislative vehicles on the move.

Health Care Reform — Better Yet, Repeal

As of the end of May, there have been 37 votes in the House on legislation to repeal all or part of the health care reform law, the Patient Protection and Affordable Care Act (ACA), also known as Obamacare. (The Senate will not approve a repeal of the law.) Many representatives used the repeal of the ACA as a campaign promise. By introducing a bill and/or voting for the ACA repeal, these legislators are fulfilling their promise.

If time-wasting and symbolism were the only consequences of the repeal votes, well, that’s the price of partisan politics. But studies show that these repeal votes have the effect of confusing the populace and undermining support for the ACA. The Kaiser Family Foundation polled Americans and found that 12 percent believe that the ACA has been repealed. Altogether, 42 percent of those polled were not aware of the law’s status. For the ACA to work, people have to sign up for the benefits. If there is less participation due to confusion, the whole system will suffer.

Similarly, the degree to which a new law or restriction is perceived to be conditional or modifiable affects its acceptance. Studies show that participants faced with a restriction (such as a new law) that is perceived to be absolute or inevitable respond by rationalizing the restriction and being more favorable toward it. If participants perceived that the restriction could possibly be changed or withdrawn, they were less favorable.

There are also efforts to amend the ACA, such as Representative Todd Rokita’s (R-IN) State Health and Flexibility Act of 2013 (H.R. 567). This bill would repeal the ACA, Medicaid, and the state Children’s Health Insurance Program (CHIP), and create a block grant. Making Medicaid into a block grant would give states a set funding allotment. Opponents worry that older adults and people with disabilities, who account for two-thirds of Medicaid spending, would suffer from limited access to health care and long-term services and supports.

Representative Jim McDermott’s (D-WA) bill, the American Health Security Act of 2013 (H.R. 1200) abolishes Medicaid, Medicare, CHIP, the Federal Employees Health Benefits program, and the ACA, and instead creates a national, single-payer health care system. These two bills are good examples of the variable approaches to reforming our health care system.

Medicare

Medicare has its share of dedicated legislation, including the Improving Access to Medicare Coverage Act of 2013 as introduced by Senator Sherrod Brown (D-OH) and Representative Joseph Courtney (D-CT) as S. 569 and H.R. 1179, respectively. This bill would allow hospital “outpatient observation status” days to count toward the three-day inpatient hospital stay required for coverage of skilled nursing facility services. This is supported by the Leadership Council of Aging Organizations and most providers to ensure that older adults are not stuck without coverage for nursing home care.

Brown and Representative Janice Schakowsky (D-IL) have introduced companion bills (S. 1064 and H.R. 794) that would allow psychologists to be included in the definition of “physician” under Medicare.

The Medicare Drug Savings Act of 2013 (S. 740 and H.R. 1588) was introduced by Senator Jay Rockefeller (D-WV) and Representative Henry Waxman (D-CA). This bill would eliminate a special deal for brand-name drug manufacturers that allows them to charge Medicare higher prices for prescription drugs for some seniors and people with disabilities.

H.R. 574, the Medicare Physician Payment Innovation Act, introduced by Representative Joseph Heck (R-NV) and Representative Allyson Schwartz (D-PA), permanently repeals the sustainable growth rate formula (also known as the “doc fix” issue) for Medicare physician payment and “sets a clear path toward comprehensive reforms of Medicare payment and delivery systems.” The Congressional Budget Office estimates the cost at $138 billion over 10 years.

Community-Based Services and Elder Justice

The Older Americans Act (OAA) reauthorization bill, S. 1028, was introduced by Senator Bernard Sanders (I-VT). Since the OAA expired in September 2011, several senators have been working with aging organizations to parse the priorities for the reauthorized act. The legislation authorizes a 12 percent increase in funding in future years. The legislation also codifies the existing resource centers on adult protective services, women and retirement, and LGBT aging, and updates the definitions of greatest economic and social need.

New programs include Senator Alan Franken’s (D-MN) Home Care Consumer Bill of Rights and Senator Richard Blumenthal’s
(D-CT) Elder Protection and Abuse Prevention Act. The OAA bill also authorizes new demonstration projects on models of care coordination, modernization of senior centers, and the creation of a National Resource Center on Family Caregiving.

The new programs have met with a source of opposition who is normally on-board: AARP. AARP policy analysts expressed concern that new programs and new authorizations would constrain funding for the established services and programs under the OAA, which are already struggling with fiscal belt-tightening.

Senator Amy Klobuchar’s (D-MN) and Senator John Cornyn’s (R-TX) bipartisan bill, the Court-Appointed Guardian Accountability and Senior Protection Act (S. 975) would help provide protections for seniors requiring court-appointed guardians.

Klobuchar pointed out, “While most court-appointed guardians are undoubtedly professional, caring, and law-abiding, there is mounting evidence that some guardians use their position of power for their own gain.”

Blumenthal’s resolution commemorating World Elder Abuse Awareness Day (June 15th each year) passed the Senate.

Research
Research has its supporters and detractors in Congress, too. Bills have been introduced to exempt the National Institutes of Health (NIH) from sequestration, such as Representative James McDermott’s (D-WA) Medical Research Protection Act of 2013 (H.R. 729). Alzheimer’s disease research would benefit from the Making Investments Now for Dementia Act of 2013 (H.R. 1619), introduced by Representative Michael Burgess (R-TX).

Another approach to research is the Preserving Access to Targeted, Individualized, and Effective New Treatments and Services (PATIENTS) Act of 2013 (S. 133), introduced by Senator Pat Roberts (R-KS). This bill prohibits the Department of Health and Human Services from using data obtained from comparative effectiveness research to deny or delay coverage of an item or service under a federal health care program (such as Medicare).

Representative Rush Holt (D-NJ) is attempting to use the tax code to support research; H.R. 119 amends the Internal Revenue Code to make permanent the credit for increasing research activities, while H.R. 120 claims to create jobs by expanding the research and development tax credit.

Representative Allyson Schwartz (D-PA) introduced H.R. 1301, the Inspiring Scientific Research and Innovation Supplemental Appropriations Act, which would restore and supplement NIH funding by appropriating $3 billion for the remainder of FY 2013.

Hospice, Advanced Care, and Palliative Care
There have been several bills on end-of-life and palliative care introduced this session. Senator Ronald Wyden (D-OR) and Representative Eliot Engel (D-NY) introduced companion bills S. 641 and H.R. 1339, the Palliative Care and Hospice Education and Training Act. Wyden and Representative Thomas Reed (R-NY) introduced S. 1053 and H.R. 2302, the Hospice Evaluation and Legitimate Payment Act of 2013, which would ensure timely access to hospice care and protect the Medicare hospice benefit, and other provisions.

Senator Mark Warner (D-VA) is planning to reintroduce his Senior Navigation & Planning Act, which promotes planning for advanced illness with advance care directives, end-of-life counseling, and hospice and palliative care.

The Personalize Your Care Act of 2013, H.R. 1173 as introduced by Representative Earl Blumenauer (D-OR), would provide Medicare and Medicaid coverage for voluntary consultations about advance care planning and end-of-life decision-making. It would also provide grants to states that want to develop Physician Orders for Life Sustaining Treatment programs.

Representative Emanuel Cleaver’s (D-MO) Patient Centered Quality Care for Life Act, H.R. 1666, would coordinate care for the chronically ill and ensure that palliative care is available for them. It also provides assistance to improve workforce training and public education, advocacy, and research on palliative care.

“Research tells us that palliative care works, giving patients a better chance of prolonging life and doing it in a cost-efficient and dignified way,” said Cleaver.

Mental Health
Mental health issues have been receiving greater attention from policy makers. The NIH has determined that nearly one in five older adults has at least one mental health condition. The ACA expands mental health coverage for millions of Americans. The White House convened a National Conference on Mental Health on June 3 and created a new website, www.mentalhealth.gov.

Senators Susan Collins (R-ME) and Barbara Mikulski (D-MD) reintroduced their bipartisan legislation, the Positive Aging Act of 2013, S. 1119, which GSA supports. This legislation would make mental health services for older adults an integral part of primary care services. It also authorizes funding for the Substance Abuse and Mental Health Services Administration for demonstration projects, grants, and targeted services for older adults.

S. 562, the Seniors Mental Health Access Improvement Act of 2013, introduced by Wyden, would provide for coverage of marriage and family therapist services and mental health counselor services under Medicare part B (Supplementary Medical Insurance), particularly those provided in rural health clinics, federally qualified health centers, and in hospice programs.

Representative Barbara Lee (D-CA) and Mikulski have introduced H.R. 1466 and S. 997, the Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act, which establishes a commission to research the recruitment and retention of social workers and authorizes grants for education, training, and research regarding the profession of social work.

If any of this legislation is of particular interest to you, please go to www.thomas.loc.gov to follow its progress.
The National Hartford Centers of Gerontological Nursing Excellence (NHCGNE) has announced $1,332,000 in awards to the latest cohort of Claire M. Fagin Fellows and Patricia G. Archbold Scholars studying gerontological nursing in academic settings across the U.S.

Four Claire M. Fagin Fellows will each receive up to $120,000 to support post-doctoral research training, mentorship, leadership and career development. Nine Patricia G. Archbold Scholars will receive grants of up to $100,000 to support their doctoral training and launch careers in academic gerontological nursing; one-third of these scholars are members of an underrepresented minority group.

The NHCGNE’s Coordinating Center is located at The Gerontological Society of America. Since 2000, this program has had the generous backing of the John A. Hartford Foundation, augmented with monies from The Atlantic Philanthropies and the Mayday Fund. These partners have invested over $80 million in national efforts to build academic gerontological nursing capacity through their support. The initiative has supported 244 predoctoral and postdoctoral nursing scholars who have stimulated excitement about the field among nursing students and practicing nurses. They are the leaders who will shape future care for older persons.

“This program contributes towards important recommendations of the Institute of Medicine’s report on the future of nursing that the nation provide more leadership training and opportunities for nurses and that we increase the number of doctorally prepared nurses,” said NHCGNE Executive Director J Taylor Harden, PhD, RN, FAAN. “These highly skilled scholars are deeply committed to improving health care for aging patients.”

The 2013 cohort of Patricia G. Archbold Scholars and Claire M. Fagin Fellows are a highly qualified group of dedicated gerontological nurses who will strengthen the knowledge base in such areas as family caregiving, home health and hospice care, care for persons with stroke, and critical illness in elders.

Continued from page 1 - New Orleans Workshop to Kick Off NIA-Funded Translation Series

widespread practice, she said. “This workshop series will hopefully enable gerontologists to do better implementation and dissemination research.”

These workshops will be centered on critical aging topics where the focus is on determining the state of translational research and identifying the next logical steps in translation, whether that be treatment development, adaptation, implementation, or dissemination research. Additionally, these sessions will offer opportunities to learn from community-partners about challenges and opportunities for translational work.

Each workshop — to be held in conjunction with a GSA Annual Scientific Meeting — will explore an arena of community-based practice where organizations have the potential to widely implement evidence-based interventions. Within these topics, the emphasis will be placed on vulnerable populations, such as older adults with low socioeconomic and/or underrepresented minority status.

In all workshops, central themes will include the collaboration between interdisciplinary partners; the integral involvement of community-based partners in translational work; and the focus on vulnerable of older subpopulations to reduce disparities in health and quality of life. Each session will also be designed to develop the capacity of junior faculty.

“These workshops will help expedite the translation of academic research into the practice environment,” Harootyan said, “as well as use the needs of the practice community to inform real-world research.”

Information about the New Orleans workshop will shortly be posted to the Annual Scientific Meeting Section of GSA’s website at www.geron.org/2013.
In the research world, our livelihood depends on the ability to secure our own funding. The nature of the process changes as we progress through our careers, as do the funding mechanisms. Thus, the resources you turn to will differ depending upon the career phase you are currently in.

In this column we present you with places to turn to find funding options, depending upon whether you are a student, post-doctoral fellow, or junior investigator. There are also resources listed for ESPO members of minority populations. While this is not an exhaustive list, it offers you a start on searching for further resources specific to your own needs.

Government Resources

Agency for Healthcare Research and Quality
(www.ahrq.gov/funding/other/education/index.html)
This U.S. Department of Health and Human Services agency promotes research on the "quality, safety, efficiency, and effectiveness" of our health care system. It sponsors grants programs for pre-doctoral, post-doctoral, and mentored or independent career development training.

National Institute on Aging (www.nia.nih.gov)
The NIA very recently began a blog for researchers and grant seekers at www.nia.nih.gov/research/blog. The agency also provides grant opportunities of specific interest to ESPO members at www.nia.nih.gov/research/dea/research-training-and-career-award-support.

Foundation Resources

The Foundation Center
(foundationcenter.org/getstarted/individuals)
This website, focused on foundation funding, presents many links to learning and informational resources. One example is a free short course on proposal writing. This online primer is offered in English, French, Mandarin, Portuguese, Russian, and Spanish. The center sponsors a searchable database on foundations, but there is a cost. If you find paying a fee not to be of interest to you, you might want to visit the Grantmakers in Aging membership roster at www.giaging.org/about/membership-roster. This simple listing of grantors in the area of aging might help you find other related foundations. As a side note, Grantmakers in Aging serves as a membership organization of funders and does not itself award funds or provide assistance in locating such funds.

The John A. Hartford Foundation
(http://www.jhartfound.org/grants-strategy)
This foundation advances the education of nurses, physicians, and social workers in geriatrics. The Hartford Foundation's research portfolio encompasses nursing, medicine, and social work. Nursing students, from those seeking associate degrees through those pursuing post-doctoral work, have benefited from the organization's funding. One can find a fundraising toolkit for nurses a few clicks away from the link provided above. Hartford Foundation grantees that support all levels of medical education include the American Federation for Aging Research, the American Geriatrics Society, the Association of Specialty Professors, and the Association of Directors of Geriatric Academic Programs. Social work students are also eligible for foundation support through grantee institutions.

Geriatric Social Work Initiative
(www.gswi.org/funding_opportunities)
Don't be misled by the specialized name of this initiative, which GSA has administered for over a decade with funds from the John A. Hartford Foundation. The site has a broad listing of opportunities for social work professionals and beyond. For either students or post-docs and faculty, the initiative organizes information by social science, health care, and political science; or clinical medicine, bio-medical sciences, pharmacology, and nursing.

Underrepresented Populations

Professional advancement opportunities also exist at all career levels for those from minority populations. A few are featured here. For example, the NIA issues a bi-annual newsletter specific to minority research and training issues. It can be found at www.nia.nih.gov/about/links. A few funding options for dissertation work specific to NIH or NIA are located at www.nia.nih.gov/research/dea/training-opportunities-special-populations. At the post-doctoral level, the Ford Foundation sponsors fellowships for those from underrepresented populations. See sites.nationalacademies.org/PGA/FordFellowships/PGA_047960.

An additional resource hails from the Resource Centers for Minority Aging Research. It might be best to do a search on the word "student" or "doctoral" to find options specific to you at www.rcmar.ucla.edu/index.php.

To close, you can also get on funding e-mail alerts or newsletter mailing lists of professional membership organizations. Further, you can learn more by contacting your career development or grants office at your institution (depending on where you are in your career). Start with the preliminary information in this column, and expand your search down different branches as you row that funding stream!
The Election Results

GSA Congratulates the following candidates at the conclusion of the 2013 Annual Meeting.

Society-Wide

President-Elect
Rita B. Effros, PhD

Treasurer-Elect
Suzanne R. Kunkel, PhD

Behavioral and Social Sciences Section

Chair-Elect
Jacqueline L. Angel, PhD

Member-at-Large
Susan Turk Charles, PhD

Member-at-Large
Eileen M. Crimmins, PhD

Member-at-Large
Karen Rook, PhD

Become a Volunteer!

GSA currently has positions open for the Society’s Board of Directors for the year 2014. Members are encouraged to nominate themselves or other qualified colleagues.

Please contact Sarah Johnson at cjohnson@geront.org for more information on the names of members suggested or if you would like to volunteer.

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Results Are Here!

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

**Biological Sciences Section**

Chair-Elect
Rochelle Buffenstein, PhD

**Health Sciences Section**

Chair-Elect
Meg Bourbonniere, PhD, RN

**Social Research, Policy, and Practice Section**

Chair-Elect
Barbara Berkman, DSW/PhD

**Emerging Scholar and Professional Organization**

Chair-Elect
Elizabeth A. Hahn, PhD

Secretary
Jessica P. Lendon, PhD

Communications Chair
Shannon Mejía, MS

If you are interested in running or looking for elected offices in the Association, please contact Carrie Johnson at geron.org with your name and CVs of candidates.
R RF Accepting Applications for Aging-Related Projects

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

Yale Training Program in Geriatric Clinical Epidemiology and Aging-Related Research

With sponsorship from the National Institute on Aging, Yale University is offering a two- to three-year postdoctoral training program in geriatric clinical epidemiology and aging-related research. The goal of the program is to provide highly qualified fellows (MDs or PhDs) with research skills in geriatric clinical epidemiology and an intensive research experience under the mentorship of experienced investigators in gerontology and geriatric medicine. Trainees will have access to resources and expertise through the Program on Aging/Claude D. Pepper Older Americans Independence Center, the Robert Wood Johnson Clinical Scholars Program, the Investigative Medicine Program, the School of Public Health, and the Geriatric Medicine Program. Upon successful completion of the Program, MDs may receive a Master of Health Sciences Research from the Yale School of Medicine. Candidates who have a PhD should have completed their doctoral training in areas such as (but not limited to) gerontology, public health, epidemiology, biostatistics, psychology, or biology, and should be committed to an academic career in aging-related research. Minority candidates are encouraged to apply. US citizenship or permanent residence is required. Application materials can be obtained at medicine.yale.edu/intmed/geriatrics/fellowship/research/index.aspx. Information about the Yale Program on Aging may be found at medicine.yale.edu/intmed/geriatrics/research/index.aspx.

Healthcare Innovation Award Applications Due in August

The U.S. Centers for Medicare and Medicaid Services is accepting applications for the second round of an initiative that will fund applicants who propose new payment and service delivery models that will provide better health, better health care, and lower costs through improved quality for Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) enrollees. Examples of the types of organizations expected to apply include provider groups, health systems, payers and other private sector organizations, faith-based organizations, state and/or local governments, academic institutions, research organizations, public-private partnerships, and for-profit organizations. Applicants will propose new service delivery models along with the design of corresponding new payment models. If their applications are funded, awardees will be required to implement the service delivery models at the start of the three-year cooperative agreement period and submit a fully developed new Medicare, Medicaid, or CHIP payment model by the end of the cooperative agreement period. Successful applicants will demonstrate that they can implement a model that improves quality of care and reduces cost within the first six months of the award and delivers net savings to CMS within three years. Visit www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement. do?id=17996 for additional information. Applications are due August 15.

FCA Offers Caregiving Legacy Awards

With continuing support from The Rosalinde and Arthur Gilbert Foundation, the Family Caregiver Alliance (FCA) is overseeing the annual Rosalinde Gilbert Innovations in Alzheimer’s Disease Caregiving Legacy Awards program in its sixth year. Three awards of $20,000 each will be awarded to nonprofit organizations, government agencies, or universities responding to a community need with a program or project which focuses primarily on family/informal caregivers of adults with Alzheimer’s disease and related dementias. Only agencies operating within the continental U.S. are eligible to apply. One award will be granted in several categories. The creative expression award will go to programs or projects that use imaginative and creative approaches in supporting persons with dementia or family/informal caregivers of persons with Alzheimer’s disease and related dementias. Some examples are programs or projects using art, music, theatre, journaling, multimedia (e.g. film, documentary, radio) or other types of creative expression. The diverse/multicultural communities award will go to programs or projects that provide services, support or other types of outreach to family/informal caregivers of persons with Alzheimer’s disease or related dementias in diverse ethnic, age diversity, religion/spirituality, gender, rural, low income, and LGBT or other communities. The policy and advocacy award will go to programs or projects that advocate for systems change for the benefit of family/informal caregivers or care recipients with Alzheimer’s disease or related dementias. These efforts could focus on legislation, executive or administrative changes, advocacy campaigns, or any other action to strengthen the public or private sector’s recognition and support of family/informal caregivers. Applications are due online by 5 p.m. PDT on Friday, August 16. Additional information may be obtained at www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2188.
Continued from page 1 - GSA Takes Leading Role on New Healthy Aging Project

said GSA Senior Director of Strategic Alliances and Business Development Annette Schmidt. “This group was asked to provide insights, feedback, and recommendations on aging issues and topics facing aging organizations and their constituents and members.”

Schmidt is joined on the Steering Committee by GSA Executive Director and CEO James Appleby, GSA Senior Director of Innovation Judie Lieu, and GSA National Academy on an Aging Society Director Gregory O’Neill, PhD.

The forum’s attendees represented organizations that embrace a lifespan concept of healthy aging — rather than on focused solely on the over-65 population.

The event’s keynote speakers, Susan Dentzer from The Robert Wood Johnson Foundation and Daniel Perry from the Alliance for Aging Research, set the stage with presentations about the demographic, economic, and political challenges ahead for the Patient Protection and Affordable Care Act, Medicare and Medicaid, and long-term care supports and services. The speakers also highlighted the opportunities for health care reform, aging science research, and innovation to drive improvements in both health care and healthy aging trends.

In the breakout sessions that followed, the discussion focused on strategies to engage with the Congressional Long-Term Care Commission charged with recommending ways to improve the delivery and financing of long-term supports and services; efforts to raise the visibility of the caregiving crisis in America; and the need for more research, especially interdisciplinary and translational research initiatives, to generate new breakthroughs and innovations.

“Many health issues associated with poor health outcomes in later life, such as obesity and diabetes, have reached epidemic proportions in young populations,” said O’Neill. “We are grateful to GlaxoSmithKline for their support, and we will work to ensure that the initiative grows, like PALS has done, to make a real difference for patients, families, caregivers, and communities, of all ages.”
“Excellent resource for drilling down into current issues that may not be covered in the peer-reviewed journal world. Very useful in gathering research.” — 2012 Reader

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Gerontology Consortium Becomes Holy Cross College Institute
The Gerontology Consortium of Michiana, with a focus on serving the area senior community, has grown to include more than 100 member organizations and individuals. The consortium recently became an institute of Holy Cross College, although it will remain an independent nonprofit organization. It was founded approximately eight years ago and its member agencies and individuals provide education and services to older adults. The membership includes health care, higher education, law, local government and senior living facilities and professionals. The mission is to encourage networking and collaboration. Holy Cross College offers a minor in gerontology where students are able to interact with older residents who live in a senior housing development created by the Brothers of Holy Cross just north of campus. The gerontology program not only offers courses to students seeking degrees, but it also targets community residents and those already in the field of gerontology by offering non-credit courses. The consortium will hold its annual conference on October 23. It is also working towards offering a public lecture series for the 2013–2014 academic year and a senior expo in spring 2014. For more information, visit www.mgi-hcc.org.

University of Denver to Establish Aging Center
The University of Denver has received a gift totaling $41 million to fund a new center for the study of aging and a school for engineering and computer science. The new 110,000-square-foot facility, which will house the Daniel Felix Ritchie School of Engineering and Computer Science and the Knoebel Center for the Study of Aging, is scheduled to open in 18 to 24 months. The Knoebel Center will focus on research that addresses aging and aging-related conditions, specifically biomedical and social sciences research and discovery. The facility will also contain a lab in the new Daniel Felix Ritchie School.

Virginia Community College Will Offer CNA Training
Piedmont Virginia Community College is slated this fall to begin offering a Nursing Assistant Career Studies Certificate. The certificate will prepares students to take the Virginia state nursing assistant certification exam to become a certified nurse aide (CNA). The program teaches basic-care skills for patients of various ages with special emphasis on home health, geriatric nursing, and long- and short-term care facilities. Students will apply classroom learning in clinical settings for hands-on experiences. Additional information is available at www.pvcc.edu/na.
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Lancet and also prevent tumors from spreading, studies published in the medical journal last year showed. The findings could increase the use of a drug that’s cheaper and more readily available than other cancer-fighting treatments, RMS said in its report. The modeling firm ran different scenarios about how widely aspirin would be used to predict additional pension costs. Bayer AG, based in Leverkusen, Germany, invented aspirin and has sold it since 1899. The drug is based on salicin, a chemical found in the bark of the willow tree that was first mentioned about 2,400 years ago by Hippocrates, an ancient Greek considered the father of Western medicine.

Quebec Introduces Legislation for Medically Assisted Death

A provincial law to grant some patients the right to ask for medically assisted death has been proposed in Quebec. The Parti Québécois’s Bill 52 would give the right to choose euthanasia to terminally ill patients, according to an article published on June 12 in The Gazette. In Canada, 80 percent of respondents to a July 2012 Angus Reid survey indicated that doctors should be allowed to help some terminally ill patients end their lives. The Junior Health Minister, Véronique Hivon, introduced the bill and was reported to have said that she is confident there is no conflict between the bill and federal laws prohibiting euthanasia and assisted suicide. According to The Gazette, the Federal Justice Minister Rob Nicholson said in a statement that the federal government will “review the implications of Quebec’s proposed legislation.” He noted that the Canadian Supreme Court upheld federal laws against assisted suicide in 1993, while in 2010, “a large majority of Parliamentarians voted not to change these laws.”

Aspirin May Fuel British Pension Cost Increase

The pension costs for men in the U.K. could rise by 0.7 percent within 20 years if more people begin taking aspirin daily, according to a statement by Risk Management Solutions (RMS) Inc. An increase of that magnitude across the more than $13 trillion in pension liabilities in North America and Europe would be about the same as everyone giving up smoking within a generation, the modeling firm said. Employers and governments are reported to be grappling with obligations to retirees as low bond yields make it harder to generate returns on funds set aside for the benefits. Actuaries’ assumptions about costs have been challenged as medical advances and changes in behavior help people live longer. Daily doses of aspirin reduce the chances of developing or dying from cancer earlier than previously thought and also prevent tumors from spreading, studies published in the Lancet medical journal last year showed. The findings could increase the use of a drug that’s cheaper and more readily available than other cancer-fighting treatments, RMS said in its report. The modeling firm ran different scenarios about how widely aspirin would be used to predict additional pension costs. Bayer AG, based in Leverkusen, Germany, invented aspirin and has sold it since 1899. The drug is based on salicin, a chemical found in the bark of the willow tree that was first mentioned about 2,400 years ago by Hippocrates, an ancient Greek considered the father of Western medicine.

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The Claude Pepper Foundation, Inc. (CPF) and Florida State University (FSU) are seeking an individual to function as the Executive Director of the Claude Pepper Center (CPC). The CPC is located on the main campus of FSU in Tallahassee, Florida and operates under the supervision of the CPF and FSU. Extensive experience in management, fund raising, project management and public policy development are requirements. The individual selected will also need skill in the management of a large endowment and the ability to work constructively within an academic environment. A strong background in elder care issues is preferred and a Ph.D. is highly desirable.

The applicant may be granted faculty status within FSU and is to work with the Dean of the College of Social Sciences and Public Policy to foster the work of the CPC. The applicant may be called upon to engage in seminars and academic courses when appropriate. Salary and benefits are negotiable. The reporting date for the new Executive Director is also somewhat negotiable. The CPF and FSU are equal opportunity employers. If you are interested in applying for this position, please forward your resume to Committee at geriatrics.search@nyumc.org.

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