Experts Outline Seniors’ Mental Health Needs at Hill Briefing

As a prelude to Older Americans’ Mental Health Week (May 25-31), experts from several associations gave urgent policy recommendations at a congressional briefing organized by Senators Barbara A. Mikulski (D-MD) and Olympia J. Snow (R-ME).

The panel of speakers identified four problem areas that need federal attention: a workforce shortage, the lack of integrated health care, differences between Medicare payments for traditional and mental health services, and insufficient education for nursing assistants.

Former GSA President Toni Antonucci, PhD, representing the American Psychological Association, was among those who gave statements and called for the integration of mental health services with primary care medicine for America’s aging population.

Antonucci addresses policy makers on Capitol Hill.

“Each year, one in three Americans 65 and older falls and nearly 16,000 die from complications from a fall,” said AARP President Jennie Chin Hansen, RN, MSN, FAAN, a past winner of GSA’s Maxwell A. Pollack Award for Productive Aging.

She was joined by several other experts who discussed the impact of falls on the elderly, the escalating costs to the nation’s health care system, and the steps needed to deal with the crisis.

The Safety of Seniors Act, signed into law in late April, authorizes the secretary of Health and Human Services — through the Centers for Disease Control (CDC) — to expand and intensify programs with respect to research and related activities concerning elder falls.

“Falls and falls-related injuries are not normal consequences of growing old; there are evidence-based interventions that can help reduce older adults’ risk of falling and can affect

Continued on page 11.

New Data Stresses Urgency for Falls Prevention Funding

President Bush recently signed the Safety of Seniors Act into law to curtail the devastating effects of falls on seniors, but the measure still faces several funding issues. New data presented at an early May congressional briefing showed that falls are now the leading cause of injury death for people 65 and older.

The information, compiled by the National Safety Council, also showed that the same age group in New Mexico, Wisconsin, and Vermont has the highest death rate from accidental falls. The mortality rate from unintentional falls for older Americans grew 39 percent between 1999 and 2005.

“Each year, one in three Americans 65 and older falls and nearly 16,000 die from complications from a fall,” said AARP President Jennie Chin Hansen, RN, MSN, FAAN, a past winner of GSA’s Maxwell A. Pollack Award for Productive Aging.

She was joined by several other experts who discussed the impact of falls on the elderly, the escalating costs to the nation’s health care system, and the steps needed to deal with the crisis.

The Safety of Seniors Act, signed into law in late April, authorizes the secretary of Health and Human Services — through the Centers for Disease Control (CDC) — to expand and intensify programs with respect to research and related activities concerning elder falls.

“Falls and falls-related injuries are not normal consequences of growing old; there are evidence-based interventions that can help reduce older adults’ risk of falling and can affect

Continued on page 8.
As the leading professional society for researchers, educators, and practitioners in aging, GSA has a special responsibility to provide nothing less than excellent service to its members and constituent audiences. Those services include providing information and referrals to journalists, policy makers, practitioners, and others who seek our assistance. The GSA Expert Referral Service steers such clients to our membership, who are recognized leaders in their fields. With our continually expanding web site, GSA is a constantly growing source of up-to-date, high-quality information for both the professional community and the public in general. In this way, we serve our members by facilitating intellectual interchange and providing them with an opportunity to apply their expertise beyond the academic or research community.

Our service also includes responding to the many inquiries and requests for assistance that we receive daily from our members. As a membership organization, you are our primary customer. However, in my first months as the Interim Executive Director, I have become aware of occasions where GSA staff did not provide members the kind of service that is expected. While the issues were quickly resolved after they were brought to my attention, they should not have occurred in the first place.

This past year there has been an unusually high level of staff turnover. However, be assured that every GSA staff person is committed to excellent service for our members. We recently took specific steps to foster this promise, which was fully reviewed in a recent staff meeting. We resolve to respond to your requests for information or assistance with a problem within one business day. Although we may be unable to immediately resolve an issue or provide all the information needed, we will respond quickly. To this end, we are in the process of implementing a tracking system for all communication (phone, e-mail, fax) requiring a response. This will help us assure that your needs are being met in a timely, appropriate, and efficient manner.

GSA also has added a new staff position – Membership Manager. I am pleased to welcome Robert Burleson, who joined the staff in May. Robert is responsible for all aspects of membership administration, including staff communication with you. Should it be necessary, you can contact him (rburleson@geron.org) or me (harootya@geron.org) directly about any membership issue you have. But I am confident that there will be few instances of poor or neglected response to you by a GSA staff person. Indeed, each of them has renewed their commitment to excellent service. And this aspect of the job is now part of each staff person’s formal performance evaluation – including mine.

Your membership in GSA is important to us. Our responsibility is to assure that it fulfills your professional needs and those of the field in aging. I welcome any thoughts you have regarding this or other aspects of your involvement in GSA.

Thank you.
In Memoriam

Charlotte B. Parkinson, DSW, a GSA member since 1989, passed away on September 25, 2007. She worked for several social service agencies including the Burden Center for the Aging, Search and Care, and Catholic Charities. She was most recently in private practice, specializing in aging and the disabled. She served as a board member for YAI/National Institute for People with Disabilities; the Society for the Relief of Women and Children, for which she wrote a book of the organization’s history and accomplishments; and the American-Italian Foundation. In 1992 she was appointed to the President’s Committee on Mental Retardation. She also served on the International Council of the Museum of Modern Art.

New Publication by Member

Rural Retirement Migration, by David L. Brown and Nina Glasgow. Published by Springer.

Members in the News

• The University of Chicago’s Linda Waite, PhD, and the University of North Florida’s Ye Luo, PhD, were mentioned in an Associated Press wire story due to their recent study published in The Journal of Gerontology: Social Sciences. Their team of researchers found that caring for grandchildren generally does not have dramatic and widespread negative impacts on grandparents’ health.

• Nicole S. MacFarland, LCSW-R, CASAC, clinical director, Senior Hope Counseling Inc. in Albany, NY, was recently quoted in the Albany Times Union for her work in dealing with older drug and alcohol abusers. Her experiences additionally led her to present a workshop titled “Addictions and Mental Illness among Older Adults: A Social Work Approach to Treatment” at a conference of the National Association of Social Workers – New York State Chapter. MacFarland is also the recipient of a Hartford Pre-Dissertation Award in Geriatric Social Work.

Colleague Connected!

This month’s $25 amazon.com gift certificate winner:

Brian R. Grossman

She became eligible after referring new member Mats Christiansen.

The winner was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/ColleagueConnection.htm

Estes Honored at Symposium

On May 16, the University of California, San Francisco held a symposium to honor former GSA President Carroll L. Estes, PhD. The event, titled “Celebrating 40 years of Policy Research and Leadership in Health and Aging,” gave a retrospective of her work at the university. Estes, the winner of many distinctions, including the Woman Who Could Be President Award from the League of Women Voters, also is a member of the Institute of Medicine of the National Academy of Sciences. She has served as a consultant to the US Commissioners of Social Security and to the US Senate and House committees on aging. Her first book addressing the policy issues that affect the elderly, The Aging Enterprise, is used in classrooms as a standard textbook.

Eschbach Named Texas State Demographer

Texas Governor Rick Perry has named the University of Texas at San Antonio’s (UTSA) Karl Eschbach, PhD, as state demographer. Eschbach will serve as director of the Texas State Data Center (the state demographer’s office), housed at the university. The center distributes census information for the state, as well as Texas population estimates and projections, and information from federal, state and other government sources. Eschbach is an associate professor in the UTSA Department of Demography and interim director of the UTSA Institute for Demographic and Socioeconomic Research. He is a past board member of the Texas Economic and Demographic Association and past caucus chair of the American Public Health Association. In addition to GSA, Eschbach is a member of the Population Association of America and the Southwest Social Science Association.

Wyman, Bliss Elected to MNRS Posts

University of Minnesota School of Nursing professor Jean Wyman, PhD, RN, FAAN, has been elected president-elect of the Midwest Nursing Research Society (MNRS). This organization advances the scientific basis of nursing practice and promotes development of nurse scientists. Wyman’s role will involve overseeing the board of directors and the initiatives that she and the board jointly decide to implement. Donna Bliss, PhD, RN, FAAN, FGSA, also of the University of Minnesota, was elected as co-chair of the Gerontological Nursing Research Section of the MNRS.
What Aging Legislation Still May Pass This Year?  
A Congressional Update: Part One

I hope you don’t lie awake at night wondering whether Congress will pass the Elder Justice Act, reauthorize Senior Corps, and provide additional funds for the Older Americans Act this year. But in case you do or if you’re interested in what Congress might accomplish this election year, this month’s and next month’s public policy article will offer predictions of what might happen during the rest of 2008.

Although much is made of the threats of vetoes and filibusters, and votes designed to inflict political pain on the other party, what Congress accomplishes this year does still matter — at least that is my opinion. You may have noticed that much of America has moved on to next year when a new President will be sworn in and the Senate and House will have a number of new members who are likely to increase the Democratic majorities in each body and ensure more legislative progress. But, as a colleague recently reminded me, Congress and the President seem to throw us all surprises just when we call them “do nothing” or “lame duck.” In fact, since a very large percentage of Congress will be returning next year, they may want to clean up some of the mess now in order to avoid starting the 111th Congress with so much old baggage.

The sad reality is that Congress will probably not complete much of its remaining agenda, which includes: the State Children’s Health Insurance Program (SCHIP), the higher education reauthorization, the Medicaid regulations moratoria bill, Medicare physician payment corrections, the No Child Left Behind reauthorization, the energy and climate change bills, the farm bill, immigration, the National and Community Service Programs reauthorization (GIVE Act), the surveillance bill, Alternative Minimum Tax patch, Terrorism Risk Insurance Act (TRIA), 13 appropriations bills, and so many others.

However, advocates need to help move their legislative priorities as far along in the legislative process as possible — just in case Congress decides it is in its best interests to act sometime this summer or fall or even in a lame duck session after the November elections.

Some of us in the aging field have our eyes on several bills that may still have a decent chance to become law this year. If they don’t make the grade, the foundation for action next year will have been laid. Let me take this opportunity to update you on a few of these bills and their chances for passage, but please do not bet your subprime mortgage on my prognostications.

The Environment (Not EPA)
First, the overarching theme for this year — the elections. The political parties continue to posture and push for hearings and votes that will help secure their reelection to Congress. The House has been relatively successful in passing its bills this year and last, but the two-vote Democratic advantage in the Senate is rarely enough to pass legislation similar to House passed bills. We need to remember that even when bipartisan legislation comes to the Senate floor, it faces the strong possibility of filibuster (lengthy debate to delay the process) by a small group of Republicans or Democrats. The potential for blocking legislation with threats of delay tactics grows stronger the closer to the end of the session when fewer workdays remain and Members of Congress want to go home and campaign.

It is safe to say that most controversial or big change legislation will have to be dealt with next Congress or beyond: Social Security reform, Medicare solvency, health care for the uninsured, and even the “real” environment (i.e., global warming). Here are a few of the issues many of us in the aging world are watching, some of which will see the President’s desk for signature or veto. Look for part two next month for more on these issues of concern.

The Farm Bill and Nutrition
As of this writing, the Farm Bill Conference Report (this is a House and Senate compromise) includes investments in food stamps and emergency food purchases that many advocates believe are critically important for U.S. households facing hunger. The nutrition provisions of the Farm Bill may represent the most comprehensive effort to address these gaps in the national nutrition safety net in three decades. The bill includes $10,361 billion in new ten-year spending for the nutrition title to fund improvements in food stamp benefits, access and eligibility, and increase commodity purchases for emergency food. This would help to stop the erosion in food stamp purchasing power. Changes include indexing the food stamp household asset limits for households with elderly or individuals with disabilities and allowing more families to save by excluding education savings and tax-preferred retirement accounts from food stamp asset limits.

The farm bill also strengthens the nation’s emergency food network’s ability to serve those in special need circumstances. It reauthorizes The Emergency Food Assistance Program (TEFAP) and the Commodity Supplemental Food Program (CSFP). The bill also invests $1.26 billion over ten years to bolster TEFAP purchases to restock food bank shelves.

On May 21, the President vetoed the bill (H.R. 2419, the Food, Conservation, and Energy Act of 2008). However, both the House and Senate passed it with margins large enough to override the veto.

Elder Justice Act
Last year, Congressman Rahm Emanuel (D-5th IL) introduced the Elder Justice Act (H.R. 1783) and it was referred to the committees...
on Ways and Means, Energy and Commerce, Judiciary, and Education and Labor. Senator Orrin Hatch (R-UT) introduced the Elder Justice Act (S.1070) in the Senate. The bill was referred to the Senate Finance Committee and is awaiting further action. The Elder Justice Act already enjoys the active support of 28 Senators and 113 Members of the House. Four current and former presidential candidates have co-sponsored it, including Senators Clinton, Biden, and Obama and Representative Kucinich.

In recent weeks, there has been significant movement in the Senate on elder justice. For some time, Senator Grassley's staff on the Finance Committee has opposed marking-up or passing the bill out of the Finance Committee because it feared that Senator Kohl (Chair of the Special Committee on Aging) would offer an amendment to the bill on the Senate floor, which would mandate criminal background checks for all nursing home employees. Senator Kohl's staff has now come to an agreement with the Finance Committee staff on the background check provision and an amendment was included in the Senate budget resolution to cover the costs associated with the background checks program.

Advocates hope that this agreement between Senators Kohl, Grassley, and Bachus will lead to a mark-up of the Elder Justice Act and the criminal background check bill (S.1577). This may happen in the next month or the bills might be offered as amendments to the Medicare physician payment corrections bill when it comes to the floor of the Senate.

In the House, the Judiciary Committee held a hearing on the Elder Justice Act in April and has now marked it up in both subcommittee and full committee. The final vote in the Judiciary Committee will most likely have taken place when this article goes to press. The next possible stop on the House side for Elder Justice Act is the Ways and Means Committee. It is not known when it may come before Ways and Means or whether the Kohl background check bill will be a part of it. There is support for its inclusion from the bill's sponsors.

The remaining unresolved issue is finding the offset for the estimated $160 million to expand the background check pilots. One possible offset that has been identified is a pending bill that Rep. Emanuel has introduced H.R. 4287, which requires the Centers for Medicare & Medicaid Services to withhold payments to health care providers who owe unpaid taxes.

**House and Senate FY 2009 Budget Resolutions**

As I reported in the March newsletter, on February 4, 2008, the President sent to Congress a budget that would have been devastating to many health and aging related programs, with proposed cuts in everything from Medicare and Medicaid to Senior Corps, Older Americans Act, Social Service Block Grants, Community Services Block Grants, the Commodity Supplemental Food Program, Legal Services, and Section 202 Housing for the Elderly.

Fortunately, Congress did not adopt the President's recommendations in those areas of our field. Both the House and the Senate passed budget resolutions in March. The resolutions are non-binding and serve as a blueprint for future appropriations and entitlement program changes, but the House and Senate have not worked out the differences in their respective bills. In fact, it appears that at this writing that they do not have the necessary votes in the Senate to pass a budget resolution that would allow for a budget reconciliation bill toward the end of the year. Several key Republican and Democratic senators are not supportive of such a bill that could end up becoming too costly and far reaching just prior to the elections.

The disagreements highlight the difficult choices on taxes and spending that the new President and the next Congress will face. The House of Representatives passed a $3 trillion budget plan by a vote of 212-207. House Concurrent Resolution 312 contains increases for many domestic programs, but only by letting Bush's tax cuts expire at the end of 2010 (as they are scheduled to do). The Senate bill, Senate Concurrent Resolution 70, passed by a vote of 51-44, was similar to the House bill except that the Senate bill kept $340 billion of Bush's tax cuts. Both budget bills excluded $196 billion in spending reductions for Medicare and Medicaid proposed by President Bush.

The Congress also approved a bipartisan stimulus package to “jump start” the economy. The package includes tax rebates of up to $600 for individuals and $1200 for couples — phased out for higher incomes. You may have already received and spent your rebate. Disabled veterans and retired Americans who receive Social Security will also be receiving the rebate checks. Watch for the Democratic majority to attempt to expand on this stimulus package before they go home for reelection. A new bill could include an extension of unemployment benefits, housing reforms, and extended government services for the poor.

**Appropriations**

The annual appropriations process has begun, but it is almost certain to carry over into next year with a continuing resolution keeping government funded until we have a new President and Congress. This is primarily because the President and House Republicans successfully kept the Democratic majority from spending more than the President had requested for fiscal year 2008. The President has again threatened to veto any bill that goes over his domestic spending caps.

**Conclusion**

Most two-part series end with a cliffhanger such as “Who shot J.R.?” Things aren’t quite that exciting in DC, but suffice it to say, please look for part two next month in this newsletter where I will report on the latest action on the Medicaid regulations legislation, the GIVE Act, and other aging news.
International Applicants Sought for Health Care Fellowships
The Commonwealth Fund Harkness Fellowships provide a unique opportunity for mid-career professionals — academic researchers, clinicians, managers, government policymakers, and journalists — from Australia, Germany, the Netherlands, New Zealand, and the United Kingdom to spend up to 12 months in the United States conducting a policy-oriented research study, working with leading U.S. health policy experts, and gaining an in-depth knowledge of the participating countries' health care systems. Fellows also participate in a series of policy and leadership seminars organized by The Commonwealth Fund throughout the year with U.S. health care leaders. Applicants must demonstrate a strong interest in health policy issues and propose a study that falls within the scope of the Fund's national program areas: improving health insurance coverage and access, and improving the quality and efficiency of health care services. Harkness Fellows have published their findings in leading journals and as reports for health ministers and other high-level policy audiences, and have moved into prominent positions within academia, government, and health care organizations. Harkness Fellows become part of a strong international network, with opportunities for future professional development and ongoing collaborations. The deadline for receipt of applications is September 5, 2008. For more details and an application form, please visit www.commonwealthfund.org/fellowships.

Australia Extends Program Offer to U.S. Professionals
The Commonwealth Fund is now accepting applications for the 2009-10 Packer Policy Fellowship, an Australian-American health policy fellowship program. The Packer Policy Fellowships offer a unique opportunity for outstanding, mid-career U.S. professionals — academics, physicians, decision makers in managed care and other private health care organizations, federal and state health officials, and journalists — to spend up to 10 months in Australia conducting research and working with leading Australian health policy experts on issues relevant to both countries. In addition to undertaking original policy research, fellows will participate in seminars and policy briefings, which include meetings with senior officials at the commonwealth and state levels, ministerial officers, service providers, academics, and other stakeholders in the public and private sectors. At the end of their tenure, fellows produce a report and present project findings to senior government officials and policy experts at a final reporting seminar. Interested candidates must submit a formal application, including a project proposal that falls within the range of solutions to reduce population health disparities and address the multiple determinants of health; and develop, evaluate and disseminate knowledge and interventions that integrate and act on these determinants to improve health. The program is intended to produce leaders who will change leadership and policy change to address the multiple determinants of population health. The program is based on the principle that progress in the field of population health depends upon multidisciplinary collaboration and exchange. Its goal is to improve health by training scholars to: investigate rigorously the connections among biological, genetic, behavioral, environmental, economic and social determinants of health; and develop, evaluate and disseminate knowledge and interventions that integrate and act on these determinants to improve health. The program is made only through the RWJF Grantmaking Online system at http://grantmaking.rwjf.org/ncin. The deadline for receipt of the online application, including supporting materials, is June 26, 2008. Visit www.newcareersinnursing.org for complete details.

NIH Support for Conferences Available
The National Institutes of Health (NIH) has announced the availability of funding to support high quality conferences and scientific meetings through its NIH Research Conference Grant Program. The meetings must be relevant to the scientific mission of the NIH and the public health. The NIH defines a conference/scientific meeting as “a gathering, symposium, seminar, scientific meeting, workshop or any other organized, formal meeting where persons assemble to coordinate, exchange, and disseminate information or to explore or clarify a defined subject, problem, or area of knowledge. Each NIH Institute and Center (IC) has a scientific purview and different program goals and initiatives that evolve over time. Potential applicants are strongly encouraged to consult the appropriate institute or center representative to obtain current information about their specific program priorities and polices. For more information see: http://grants.nih.gov/grants-guide/pa-files/PA-08-149.html.

RWJF Earmarks Monies To Enhance Nursing Programs
The Robert Wood Johnson Foundation New Careers in Nursing is a scholarship program to help alleviate the nursing shortage and increase the diversity of nursing professionals. Through grants to schools of nursing, the program will provide scholarships to college graduates without nursing degrees who are enrolled in accelerated baccalaureate and master’s nursing programs. Applications to this program must be made only through the RWJF Grantmaking Online system at http://grantmaking.rwjf.org/ncin. The deadline for receipt of the online application, including supporting materials, is June 26, 2008. Visit www.newcareersinnursing.org for complete details.

Program Seeks To Explore Ties Between Health, Society
The Robert Wood Johnson Foundation Health & Society Scholars program is designed to build the nation's capacity for research, leadership and policy change to address the multiple determinants of population health. The program is based on the principle that progress in the field of population health depends upon multidisciplinary collaboration and exchange. Its goal is to improve health by training scholars to: investigate rigorously the connections among biological, genetic, behavioral, environmental, economic and social determinants of health; and develop, evaluate and disseminate knowledge and interventions that integrate and act on these determinants to improve health. The program is intended to produce leaders who will change the questions asked, the methods employed to analyze problems, and the range of solutions to reduce population health disparities and improve the health of all Americans. Up to 18 scholars will be selected to begin training in August or September 2009 at: Columbia University; Harvard University; University of California, San Francisco and Berkeley; University of Michigan; University of Pennsylvania; and the University of Wisconsin for the two-year appointments that will begin in the fall semester of 2009. Scholars will receive an annual stipend of $86,000 in year one and $89,000 in year two of the program. The deadline for applications is October 3, 2008. Visit www.healthandsocietyscholars.org for complete details.
AJN Releases Latest in ‘Try This’ Series
The American Journal of Nursing (AJN) has announced the newest entry in its “How To Try This” series. To read or view the articles and videos featured this month, go to www.NursingCenter.com/AJNolderadults. “How to Try This” is a collaborative project of the Hartford Institute for Geriatric Nursing at NYU’s College of Nursing and the American Journal of Nursing. Two topics from the series will be made available each month through December 2008 in free web-based resources, including demonstration videos and companion articles in the AJN.

Evaluating Sleep Quality in Older Adults
By Carole A. Smyth, MSN, ANP-GNP, APRN, BC
Inadequate sleep — sleep of poor quality or insufficient duration or both — has been linked to health problems ranging from cognitive impairment to compromised immunity. Insomnia occurs more frequently after age 70, and more than half of adults ages 65 and older report at least one chronic sleep complaint. The Pittsburgh Sleep Quality Index (PSQI) is easily used to assess the quality and patterns of sleep in older adults. It consists of 18 questions covering seven areas in which sleep problems occur and can be completed in about 10 minutes. For a free online video demonstrating the use of this index, go to http://links.lww.com/A261. In this demonstration video, an older adult is assessed for sleep problems using the PSQI. The PSQI results are shared with an interdisciplinary team that reviews the complex history of sleep problems, as well as multiple prescribed medications, possible side effects, and administration times, to develop a customized plan of care.

NIA Launches New Aging E-Newsletter
The National Institute on Aging (NIA) has launched a new electronic newsletter, “Spotlight on Aging Research: News and Notes from the National Institute on Aging,” which highlights NIA research, recently published findings, upcoming events and new publications, and provides links to current funding opportunities and other information. This issue discusses research examining the link between caloric restriction and lifespan, genetic research among residents of Sardinia, and numerous study results that were supported by the NIA. Visit www.nia.nih.gov/NewsAndEvents/SOAR/v1n1/ to view the newsletter or join the mailing list.

Survey Points to Nursing Home Industry Changes
The first national survey to measure “culture change” within the U.S. nursing home industry finds positive signs that long-term care facilities are beginning to transform themselves from institutional settings into more homelike facilities where residents’ needs and preferences come first. As reported in the Commonwealth Fund report, “Culture Change in Nursing Homes: How Far Have We Come?” (www.commonwealthfund.org/publications/publications_show.htm?doc_id=684709), many nursing homes have adopted at least some practices associated with resident-centered care, such as involving residents more in decisions related to their daily activities, and giving direct-care workers a greater say in the care of their residents. At the same time, critical structural and management changes have been slow to arrive: very few nursing homes, for example, have altered their physical environments to support resident-centered care. But the survey findings provide evidence that culture change, when enacted, makes a difference. The more nursing homes adopt culture change practices, the more likely they are to report improvements in staff retention, reductions in staff absenteeism, greater market competitiveness, and higher occupancy rates.

APA Lays Out Roadmap for Integrated Care
The American Psychological Association (APA) Presidential Task Force on Integrated Health Care for an Aging Population (IHAP) has completed a report titled “Blueprint for Change: Achieving Integrated Health Care for an Aging Population.” This publication and information on the IHAP Initiative are now available on the APA Office on Aging website at www.apa.org/pi/aging/blueprint.html. The APA Committee on Aging (CONA) and Office on Aging have agreed to continue the work of the time-limited IHAP Presidential Task Force. This first year, in addition to broad dissemination of the Blueprint, fact sheets will be developed for three audiences: 1) policymakers – to make clear the importance of utilizing this expanded model of care with older adults, and psychologists’ contributions to the model; 2) graduate faculty and training directors – to provide guidance on how to shape and develop careers that would emphasize care for older adults in integrated settings, and 3) older adults and their families – to provide information and skills to improve coordination of their care.

Report Examines Medicaid Home and Community-Based Care
The Rutgers Center for State Health Policy has issued a discussion brief titled, “Advancing Medicaid HCBS Policy: From Capped Consumer to Consumer-Directed,” which highlights the struggles states have encountered while finding ways to pay for and accommodate a growing senior population with an increasing interest in receiving needed services in their community, as opposed to an institution. It provides guidance on how to reform the home and community-based care system.

Alzheimers Survey Examines Children’s Care Roles
The Alzheimer’s Foundation of America has issued its third annual “ICAN: Investigating Caregivers’ Attitudes and Needs” survey, which finds that caring for someone with Alzheimer’s Disease stretches over several generations. The survey reports that about three in five caregivers say their children aged 8 to 21 are involved in caring for a loved one with Alzheimer’s Disease. Among those children who are involved in caregiving, many are reported as taking on significant tasks such as assisting with doctor’s appointments (about 30%), providing transportation (42%), and assisting with activities of daily living such as feeding and dressing (25%). More information is at www.alzfdn.org/MediaCenter/260308.html.
The Secret to Success—Graduation Reflections

When I graduated from college with a BA in Sociology, and was faced with finding a job, I was convinced everyone else knew something I didn’t know — where to look, how to prepare the “right” resume. I knew that everyone had “connections” but me and, after all, everyone knew that the only way to get a job was to have connections! So, I did anything I could think of. I bought the book What Color is Your Parachute, read the Sunday classifieds for human service jobs in the local newspaper; got back in touch with people in the field with whom I had interned; pursued every suggestion from employed friends...and ended-up, six months after graduation, with a job as a case manager in an adult home.

Whew! Then, I began to plan for my next step along the career path I had chosen — social work. I applied to five different schools for MSW programs. I took two non-matriculated courses in order to begin my graduate program ahead of the curve; and waited anxiously for a letter of acceptance. After two years after graduating from college, I was again a student. This time, I looked for any opportunity to distinguish myself as a student and as a social work intern. Between my first and second year I interned at a prestigious psychiatric hospital and was elated that I had begun to make the kinds of connections that would serve me well as a masters’ level social worker.

After graduating, I spent an anxious summer repeating the process of the job hunt I had learned several years earlier, only this time, I was empowered by my advanced degree and my summer internship. I believed I was a “catch” for any place to which I had applied. Luckily, I was hired by a local hospital after only two months and felt that I was definitely launched in a successful social work career with a decidedly upward trajectory... right... seriously...

So then, about eight years later I decided to begin a private practice in psychotherapy. Here we go again. More anxiety, networking, making new connections, re-establishing old ones...and so it went until, inspired by volunteering after 9/11 I decided to pursue a PhD in social service. Five years, two fellowships, and a dissertation later, I’m sending CVs, networking with anyone and everyone, presenting at conferences, trying to get articles published, introducing myself to ‘names’ in academia and in the field of gerontology, serving as ESPO secretary, and writing about the development of a professional “self.”

This month I want to say to everyone in ESPO, at whatever point you are in your education and training, THERE IS NO SECRET. There is no magic website, or meeting, or book, or graduate program. Our professional “selves” are works in progress. We become who we are through hard work and planning and through random acts of fate. We develop into authentic women and men of integrity because of the generosity of others who have taken the time to be with us in our endeavors, and through serendipitous interactions at critical junctures in our paths.

Demythologizing the process of becoming successful professionals puts us, as Emerging Scholars and Professionals, at a decided advantage. Knowing that it is through our own efforts — and also through fate; through planning and also through serendipity, through learning from others, while venturing into the unknown is freeing ... really ... seriously... .

— Congratulations to the 2008 Graduates –
You have within you all you need to become who you are.

Continued from page 1.

the rate of falls and falls-related injuries and death,” said Lynn Beattie, MPT, MHA, vice president for injury prevention at the National Council on Aging’s Center for Healthy Aging.

She urged Congress to appropriate an initial $20.7 million to the CDC to fund the Act’s three evidence-based elements: a national awareness campaign, provider education programs, and community demonstrations needed to promote the broader dissemination of evidence-based programming.

“As a result, older adults, their families, and providers will be able to more effectively reduce falls and fall-related injuries. Programming investments can leverage state and local investments to help disseminate programs that at-risk older adults can access to empower them, their families, and their provider network to help keep them safe and contributing members of local communities,” Beattie said.

If no action is taken, falls will increasingly have a personal and financial impact on the public and in the health care system, according to Patricia Adkins, MBA, chief operating officer of the Home Safety Council.

“Older adult falls are preventable and we know what works. An investment now will reduce the personal suffering and financial toll,” she said.

Atkins also added that individuals wishing to advocate for falls prevention can “contact members of the House and Senate Appropriations Committees and ask them to fund CDC’s National Center for Injury Prevention and Control so they can do the research, fund the community programs, evaluate the various falls strategies, and develop the public education programs.”
Careers in Aging Week increases the awareness and visibility of career opportunities that exist in aging and aging research.

Inside: 2008 Highlights

A joint venture between:

[Logos of THE GERONTOLOGICAL SOCIETY OF AMERICA and Association for Gerontology in Higher Education]
The Richard Stockton College of New Jersey hosted a panel of alumni who discussed a variety of careers in gerontology. The school also held a reception where students could interact with major aging-related employers in the area.

Winston-Salem State University held a spring open house where representatives of its gerontology program interacted with parents and high school students interested in aging careers.

SUNY Oswego hosted a panel of local area aging professionals who shared their personal journey in the field as well as new opportunities for upcoming graduates.

Kapiolani Community College organized an event for 160 high school students interested in health sciences where they presented data on careers in aging expanding over time with the growth of the elderly population.

Virginia Tech celebrated the 30th anniversary of its Center for Gerontology and welcomed guest speaker Joe Hendricks of Oregon State University.

The University of Colorado, Denver's campus library hosted a display featuring its holdings on aging/geriatrics and informational brochures for career options in the field. This was organized by three student organizations, which also established a permanent aging resources section on the campus library website.

Mansfield University's chapter of the international social science honor society Pi Gamma Mu presented a check to a local senior center for one hundred dollars, which they raised to offset costs for a building that burned down last year.

Fordham University held a viewing of a new video, created by faculty member Judith Smith, that discussed some of the challenges facing students learning how to work with older adults.

Simon Fraser University held a wine and cheese reception. The Careers in Aging Week events were held in conjunction with the first Canadian chapter of Sigma Phi Omega, Epsilon Eta.

Congratulations to the Recipients of the 2008 Careers in Aging Week Grants!

Pennsylvania State University
The Richard Stockton College of New Jersey
Utica College
Winston-Salem State University
Notre Dame De Namur University
Messiah College
Week 2008 Highlights

We extend our thanks for their participation and the imaginative ways they introduced new ideas into the activities. For a summary of all the activities, please visit www.careersinaging.org.
Careers in Aging Week
2008 Participants

Abilene Christian University*
Assumption College*
Auburn University
Ball State University*
Baylor University*
Boston College*
Boston University*
Bowling Green State University*
California State University, Chico*
California State University, Long Beach
Central Connecticut State University*
Clark University*
Columbia University*
Concordia University*
Edinboro University of Pennsylvania
Ferris State University*
Fordham University
Huntington University*
Indiana University*
Kapiolani Community College*
Kennesaw State University*
Mansfield University*
Meharry Medical College*
Messiah College
Michigan State University*
Minnesota State University
Minnesota State University, Mankato*
Monroe Community College
Niagara University*
North Shore Community College*
Northeastern Illinois University*
Notre Dame De Namur University
Oregon State University*
Pennsylvania State University*
Portland Community College*
Portland State University*
Rhode Island College*
Saint Joseph College*
Saint Louis University*
San Jose State University*
Simon Fraser University*
Spalding University
St. Cloud State University*
State University of New York, Oswego*
The Ohio State University
The Richard Stockton College of New Jersey*
Towson University*
University of Akron*
University of Central Missouri*
University of Colorado, Denver
University of Hawaii at Manoa*
University of Hawaii (SPO)
University of Kentucky*
University of Maryland, Baltimore County*
University of Maryland University College*
University of Massachusetts, Boston*
University of Massachusetts, Dartmouth*
University of Montana*
University of Nebraska, Lincoln*
University of Nebraska, Omaha*
University of Nevada, Las Vegas*
University of North Carolina, Charlotte*
University of North Carolina, Greensboro*
University of North Carolina, Wilmington*
University of Oklahoma Health Sciences Center*
University of Utah*
University of Washington*
University of Wisconsin, Madison*
University of Wisconsin, Milwaukee*
Utica College (with New York State Society on Aging Education Committee)*
Virginia Commonwealth University*
Virginia Polytechnic Institute and State University*
Webster University*
West Virginia University*
Western Kentucky University*
Winston-Salem State University*
Worcester State College*

* Indicates AGHE Member Institution  ‡ Indicates 2007 Participant

The 2009 Careers in Aging Week will take place from April 12th through 18th, so now is the perfect time to get your institution involved. Please e-mail ciaw@geron.org for more information!

Finding The Perfect Career Match In Aging Is Just A Keystroke Away
AgeWork.com . . .
Matching the right talent with the right employer.
IFA Probes Age Discrimination Worldwide
The International Federation on Aging has released a new report titled “Age-Related Policies: A Global Review on Age Discrimination Legislation,” which reviews the legislative response to age discrimination in eight countries (Argentina, Australia, Canada, Jamaica, Japan, South Africa, United Kingdom, and the United States). Each nation is profiled with a discussion of the legislation currently in place, the areas covered by the legislation, the remedial measures available, and the political context in which the legislation was developed. The full text of the report can be found at www.ifa-fiv.org/en/accueil1.aspx?sortcode=2.12&id_article=408&starting=1&ending=50.

World Elder Abuse Awareness Day Slated for June 15
World Elder Abuse Awareness Day will be held this year on June 15. It serves as a call to action for individuals, organizations and communities to raise awareness about elder abuse, neglect and exploitation. The International Network for the Prevention of Elder Abuse (INPEA) has produced a “Community Guide to Raise World Awareness on Adult Abuse Tool Kit,” which provides sample ideas and templates for activities and examples of materials, resources, proclamations, and messages. The Tool Kit is available for free download at www.inpea.net. The occasion is organized to support the United Nations International Plan of Action, which recognizes the significance of elder abuse as a public health and human rights issue.

Canadian Seniors Facing Decreased Poverty
According to The Canadian Press news organization, the number of Canadian seniors living in poverty has declined dramatically over the past 25 years, as reported by Statistics Canada. In the same time frame, retirement income from private pensions has also grown faster than any other income source for seniors. While payments from the Canada and Quebec pension plans increased for all seniors, total income for elderly couples and single men rose faster than their government benefits.

Taiwanese Businesses Show Bias Against Older Workers
More than 32 percent of Taiwanese enterprise owners who responded to a recent poll said they are more unwilling to hire middle-aged and older workers, even though the mandatory retirement age has been raised to 65, according to Asia Pulse Pte Ltd. The retirement age was increased in light of the fact that the average life expectancy in Taiwan has increased to 76, with more older workers staying in the labor force rather than retiring, according to legislators.

EU Presidency Marks Intergenerational Calendar Items
At an April conference, the current Slovene Presidency of the European Union proposed a “European Year on Active Ageing and Intergenerational Solidarity” to be held in 2012 and declared April 29th a “European Day on Solidarity and Cooperation Between Generations.”

The conference, titled “Intergenerational Solidarity for Cohesive and Sustainable Societies,” was held in Brdo, Slovenia. It focused on identifying a new balance and new relationships between generations, and researching new approaches and policies aimed at encouraging intergenerational solidarity for cohesive and sustainable societies.

Europe’s Elders Face Substance Abuse Issues
A new report published by the European Monitoring Centre for Drugs and Drug Addiction shows that the number of European older adults affected by drug-related problems is expected to double between 2001 and 2020. The study also deals with the problem of older adult abuse of prescribed or over-the-counter medicines. The full document is available at www.emcdda.europa.eu/html.cfm/index439EN.html.

Geriatrician: The VA Maryland Health Care System is recruiting for a full-time academic geriatrician with joint faculty appointment in the Division of Gerontology University of Maryland School of Medicine.
Candidates must be board certified in Internal Medicine and Geriatric Medicine, and have a strong record of clinical and educational accomplishments. Salary and faculty appointment are commensurate with experience and skills. Applicant(s) selected for this position will be eligible to apply for an award up to the maximum limitation under the provisions of the Education Debt Reduction Program.
Candidates should forward resume, letter of interest and three references to Human Resources Department, PO Box 1045, Attention Elaina Medlam, Perry Point, MD21902. Questions regarding the application procedure, call: 800-949-1003,ext 5195; academic inquires to Dr. Andrew Goldberg at 410-605-7183. The VA Maryland Health System and University of Maryland, Baltimore encourage women and minorities to apply and are AA/EEO/ADA employers.
Meet the 2008 Hartford Faculty Scholars

Ten outstanding geriatric social work faculty members have been chosen as the newest inductees into the Hartford Faculty Scholars Program, a venture funded by the John A. Hartford Foundation, administered by The Gerontological Society of America, and directed by Dr. Barbara Berkman. The individuals who receive this distinction are provided with opportunities for professional development and $100,000 in funding over the next two years for research on topics related to improving health and care for older adults and their caregivers.

Now in its ninth year, the award aims to improve the well-being of older adults by increasing the number of adequately trained geriatric social workers. Listed below are the new faculty scholars and the primary topics of their research.

**Richard Beaulaurier, PhD**  
*Florida International University School of Social Work*

**Research Focus:** Older Latinos and HIV: Provider Perspectives

---

**Sudershan Pasupuleti, PhD**  
*University of Toledo Social Work Department*

**Research Focus:** Impact of Computer-Based Brain Fitness Program on Cognitive Functioning and Quality of Life of Older Adults in Public Dwellings

---

**Banghwa Lee Casado, PhD**  
*University of Maryland School of Social Work*

**Research Focus:** An Examination of the Caregiving Experience and Home and Community-Based Services Needs among Caregivers of Older Korean Americans

---

**Louise Quijano, PhD.**  
*Colorado State University School of Social Work*

**Research Focus:** Vida Tranquila II: A Skills-Based Therapeutic Intervention for Older Latino Primary Care Patients with Generalized Anxiety Disorder

---

**Rita Chou, PhD**  
*University of South Carolina College of Social Work*

**Research Focus:** Job Satisfaction and Productive Aging: A Longitudinal Study of Older Workers Based on a Nationally Representative Sample

---

**Victoria Rizzo, PhD**  
*Columbia University School of Social Work*

**Research Focus:** A Social Work Care Coordination Program for Osteoarthritis: A Pilot Study

---

**Angela Curl, PhD**  
*University of Missouri School of Social Work*

**Research Focus:** The Impact of Retirement on Heart Problems: A Multilevel Dyadic Analysis of Longitudinal Secondary Data

---

**Kim Stansbury, PhD**  
*Eastern Washington University School of Social Work & Human Services*

**Research Focus:** Attitudes and Knowledge of Older Adults toward Casinos and Disordered Gambling

---

**Scott Wilks, PhD.**  
*Louisiana State University School of Social Work*

**Research Focus:** Examining an Appraisal Model of Burden, Coping, and Resilience: Differences among African American and Caucasian Alzheimer’s Caregivers

---

Berkman, the Helen Rehr/Ruth Fizdale Professor at Columbia University’s School of Social Work, works together with a national program committee involved in the selection of Scholars. This committee consists of David E. Biegel of Case Western Reserve University, Letha Chadiha of the University of Michigan, Namkee Choi of the University of Texas at Austin, Ruth Dunkle of the University of Michigan, Nancy R. Hooyman of the University of Washington, Amy Horowitz of the Jewish Home and Hospital Lifecare System, Rosalie A. Kane of the University of Minnesota, Philip McCallion of the State University of New York at Albany, and Victoria Raveis of Columbia University. Ad hoc members include James Lubben of Boston College and the Hartford Doctoral Fellows Program and Jack R. Sellers of the University of North Alabama.
Meet the Newest Hartford Doctoral Fellows

Meet the Newest Hartford Doctoral Fellows

Four outstanding doctoral students have been chosen as the newest recipients of the prestigious Hartford Doctoral Fellowship in geriatric social work. The program is funded by the John A. Hartford Foundation, administered by The Gerontological Society of America, and directed by Dr. James Lubben.

Each of the Hartford Doctoral Fellows receives a $50,000 dissertation grant plus $20,000 in matching support from their home institutions, which enables recipients to more fully concentrate on their dissertation research projects over the next two years. Fellows also receive supplemental academic career guidance and mentoring, as well as professional development enabling them to more successfully launch an academic career in gerontology and social work.

**Maria Brown**  
*Syracuse University*  
*Center for Policy Research*  
**Dissertation Topic:** “Factors Affecting Cognitive Function in Later Life”

**Emily Joy Nicklett**  
*University of Michigan*  
*Health Management & Policy, Sociology*  
**Dissertation Topic:** “Diabetes Health Trajectories: Racial/Ethnic, Class, and Gender Disparities”

**Kristen Gustavson**  
*University of California-Berkeley*  
*School of Social Welfare*  
**Dissertation Topic:** “Late Life Depressed Mood: Experience, Knowledge & Understanding”

**Paul Sacco**  
*Washington University, St. Louis*  
*George Warren Brown School of Social Work*  
**Dissertation Topic:** “Taking the Edge off: Testing a Stress-Coping Model of Alcohol Use Among Older Adults”

This fellowship program is a component of the nationwide Geriatric Social Work Initiative, which seeks to expand the training of social workers in order to improve the health and well being of older persons and their families. It was created to help social work doctoral students overcome their greatest obstacles, such as limited teacher training and career guidance. These fellowships cultivate the next generation of geriatric social work faculty as teachers, role models and mentors for future generations of geriatric social workers.

Lubben, the Louise McMahon Ahearn University Chair at Boston College and a professor emeritus at UCLA, works together with a national program committee to select the Fellows.

This year’s committee consists of Iris Chi of the University of Southern California, Namkee Choi of the University of Texas at Austin, Ruth Dunkle of the University of Michigan, Grover Gilmore of Case Western University, Jan Greenberg of the University of Wisconsin-Madison, Nancy Morrow-Howell of Washington University in St. Louis, Holly Nelson-Becker of the University of Kansas, and Deborah Waldrop of the State University of New York at Buffalo. Ad hoc members include Barbara Berkman of Columbia University and the Hartford Faculty Scholars Program, and Carmen Morano of Hunter College and the Hartford Pre-Dissertation Award Program.

Continued from page 1.

Reynolds, president-elect of the American Association for Geriatric Psychiatry, recently served on the committee that produced the “Retooling for an Aging America: Building the Health Care Workforce” report for the Institute of Medicine. He urged Congress to pay attention to that publication’s recommendations, which stated that action is needed to ensure older citizens’ access to affordable, quality health care. (See the May 2008 issue of Gerontology News for further details on the report. It can be viewed online at www.geron.org/newsletter/May_2008.pdf.)

Fellow speaker James Finley of the National Association of Social Workers used his panel time to discuss a lack of parity in Medicare payments. He said that Medicare Part B requires beneficiaries to pay a coinsurance of 20 percent for outpatient services — except for mental health services, where a 50 percent coinsurance applies.

Lastly, Ashley B. Carson of the Older Women’s League (OWL) — the organization that initiated Older Americans’ Mental Health Week — stressed the importance of nursing assistants as mental health gatekeepers. These assistants staff many residential care facilities and provide home health care for older adults, yet they are often lacking in education about properly identifying mental illness, according to OWL research. The League has already started working with the National Network of Career Nursing Assistants to remedy this situation. In fact, training sessions they plan to implement in June 2008 were developed by GSA members Peter Lichtenberg, PhD, and Sara Honn Qualls, PhD.

Overall, Antonucci said she was impressed with the briefing’s attendance and attention it received.

“It was wonderful to see so many policy makers interested in aging issues,” she said. “They were there, they were engaged. They listened to us all and asked very insightful, targeted questions. They seem poised to address the issues we care about.”
The Research, Education, and Practice (REP) Committee organizes a symposium for both the GSA Conference and the AGHE Conference each year based upon the theme of the meeting and focused on integrating research, education and practice issues related to that theme. The 2007 GSA Conference in San Francisco, organized around an international theme, was the setting for the “Global Conversations about Aging: Integrating Research, Education and Practice.” Presenters included Dr. Stefania Maggi from Padua, Italy; Dr. Enrique Vega from Cuba who represented PAHO; Keren Brown Wilson of the Jessie F. Richardson foundation and Global Aging Partners, based in Portland, Oregon; and discussant Margaret Neal from Portland State University. In attendance and contributing to the conversation was Dr. Gaetano Crepaldi, who directs the National Research Council Center on Aging in Padua, Italy.

Dr. Keren Brown Wilson described the development of a sustainable program in Nicaragua that supports older adults. Over the past five years, she has developed a service-learning program involving working with older adults in Nicaragua through a partnership among local Nicaraguan government and non-governmental organizations, Portland State University faculty and students, and the Jessie F. Richardson Foundation. In her remarks she emphasized the importance of persistence in designing and implementing a program that can be sustained over time and the critical issue of ensuring that the approach is consistent with local norms and culture. The program is an example of the power of integrating research, education and practice to address a social problem in an extremely poor country.

Dr. Enrique Vega discussed the issues facing elders in Central and South America where there are rapidly growing numbers of older adults. Dr. Vega pointed out that, in contrast to the 22.7 percent of Americans who say they are in fair or poor health, one-third of elders in Central and South American countries report this health status. Family members are the primary health care providers, with an alarming 60 percent of these caregivers reporting that “they can’t do any more.” According to Dr. Vega there are not enough physicians trained and/or willing to treat older persons and fierce competition for resources in South American countries places the needs of younger people against those of elders.

Dr. Stephania Maggi described an interesting study in which she used research to design an informal educational process to solve a clinical problem. Older adults who suffer hip fractures are at risk for adverse health consequences – 5 percent die within the first month and 25 percent within the first year. Surgery within the first 24 hours is associated with reductions in mortality rates yet only 17 percent of older adults were getting surgery in a timely fashion. Dr. Maggi conducted a study of mortality risks and prepared a presentation based on the findings indicating the importance of early surgery on the long term health of hip fracture patients. Using an “informal” approach, she visited the hospitals in her area and educated the staff and administration about the importance of early surgery. This approach resulted in an increase in the numbers of elders receiving surgery and a decrease in the time between fracture and surgery. Dr. Maggi concluded her remarks by discussing the importance of a registry of hip fractures and outcomes in order to monitor and ensure early intervention.

During the discussion, Dr. Crepaldi reported that, despite the fact that Italy has a very high proportion of elders, the health care resources continue to be directed towards pediatrics. This focus on youth to the exclusion of elders is also the situation in Central and South American countries according to Dr. Vega. Dr. Margaret Neal reported on her project’s findings in Portland, Oregon as one site participating with the World Health Organization’s efforts to identify indicators of “age-friendly” cities and to encourage community planning for an aging society. She noted the disproportionate emphasis in the US on younger residents and the irony associated with this focus as the US, along with the rest of the world, ages.
The Program of Merit
The Association for Gerontology in Higher Education (AGHE) Program of Merit (POM) recognizes and validates excellence in gerontology and geriatrics programs in higher education. Applying for the POM provides an opportunity for institutions to have their programs reviewed in order to receive formal recognition for developing and maintaining quality standards that meet the spirit of the academic standards and guidelines established by the Association for Gerontology in Higher Education. Institutions offering academic degrees, minors, or certificates focusing on aging, or meeting the new curriculum guidelines set forth for Colleges of Osteopathic Medical Schools, can achieve the Program of Merit designation.

New Development for POMs
All students who graduate from a Program of Merit designated program will receive a certificate of completion from AGHE that is suitable for framing. The certificate indicates that the graduate has successfully completed the curriculum and requirements of the designated Program of Merit at that institution. The AGHE staff will be contacting directors of Programs of Merit in order to coordinate the process for certificate generation. The AGHE POM Certificates of Completion include the graduates’ names, the institution name and the POM designated program. The AGHE president, AGHE director and GSA director sign the certificate. For those institutions that have received a POM designation prior to this year, POM Certificates of Completion will be sent for past graduates, retroactive to the year when the program was first designated as a program of merit.

Besides this new addition, there are many reasons why an institution would apply for the POM designation. The Program of Merit designation provides gerontology and geriatrics programs with an AGHE “stamp of approval” that can be used to verify program quality to administrators. The POM designation also assists institutions to lobby for additional resources to maintain a quality program, to market the program, to attain external funding sources, and to recruit prospective students into the program.

POM Application Process
The POM application is based on a self-study report and supporting materials submitted by the applicant. There is no site visit, which allows the fee for the POM review to remain reasonable — $400 for AGHE members and $1000 for non-members. POM reviewers are trained volunteers from AGHE member institutions representing all levels of gerontology programs from undergraduate certificate programs to those offering graduate degrees and certificates. A three-member review team is assigned to each review with at least one reviewer representing an institution similar to that of the applicant.

The POM review process is intended to be constructive, directive, proactive, protective and supportive. It is constructive by providing useful feedback to enhance the quality of the gerontology program being reviewed. It is proactive since it serves as a tool to recognize quality gerontology programs in higher education and has the full weight of AGHE behind it. The POM review process is directive by pointing out areas for further development to bring the program in line with the spirit of the AGHE Standards and Guidelines. At the same time, it is protective by providing detailed feedback in a positive fashion that recognizes the program’s strengths and areas for further development. Finally, the review process is supportive by recognizing the importance of maintaining the existing program and its pursuit of resources to enhance program viability.

The detailed POM application process is well worth the time and effort. Often departmental or programmatic questions evolve through the application process that lead to other questions and offer opportunities to access and reveal fascinating data. Completing the POM application requires a team effort that supports the department in its endeavors. The AGHE staff and POM co-chairs work vigilantly with POM candidates; the external support is extremely supportive, understanding, patient and accessible. Overall, the POM review process benefits the institution, its program chair and faculty by collaborating with AGHE and focusing on the desire to strengthen gerontology programs and geriatrics curricula.
Geriatric Services Opportunity

The Greenville Hospital System, a premier healthcare system in beautiful Greenville, South Carolina, seeks physicians to join a well established, comprehensive, rapidly expanding Geriatric Team. These physicians provide services in acute care and long term care facilities and are part of the Medical Education Program. The call is 1 in 4, and is hospital call only.

Qualified candidates are IM or FP physicians who are BC graduates of an approved residency program and an approved fellowship program, and show commitment to provide quality care to older adults. Experience in acute care for the elderly preferred.

On the I-85 corridor between Atlanta and Charlotte, Greenville is situated near rivers, lakes, mountains and beaches. It has a diverse thriving economy and excellent quality of life, with wonderful cultural and educational opportunities.

A mild climate provides four season outdoor activities.

Excellent salary and benefits.

Send CV to Elizabeth Gray: egray@ghs.org • 800-772-6987

Excellent Opportunity/Geriatric Focused Practice – Framingham, MA

We are seeking BC/BE IM physician to join a sole practitioner for extremely busy geriatric practice. Excellent bedside manner, hardworking and quality care a must! Position requires travel to 1 to 2 long term care and/or assisted living facilities per day within the MetroWest area. This is an excellent opportunity for caring physician to join a ready made practice.

If interested, please contact Gina Mariona at 508-363-9919 or e-mail your CV to: gmariona@vhsnewengland.com.

Academic Geriatrician —— The VA Puget Sound Health Care System and the University of Washington are recruiting a fellowship-trained ABIM-certified geriatrician to a full time faculty position at the Assistant Professor level (physician/scientist pathway) in the Division of Gerontology & Geriatric Medicine of the University of Washington Department of Medicine based at the Seattle VA campus. The optimal candidate will have a research focus in vaccine development and evaluation in elderly patients, a strong record of peer-reviewed publications in this domain, and bring extramural funding to support their UW faculty appointment. In addition to research, the incumbent of the position will participate in the rich array of clinical and teaching programs of this strong academic division. The University of Washington is an equal opportunity employer committed to excellence through diversity, and women and minority candidates are encouraged to apply. Candidates (who must be US citizens) should forward their letter of interest, resume, and three references by June 30, 2008 to: William R. Hazzard, MD, Director, Section on Gerontology & Geriatric Medicine and Geriatrics & Extended Care Line (S-GE-C-182), VA Puget Sound Health Care System, 1660 S. Columbian Way, Seattle, WA 98108.
"Taking the Next Step: Technical Assistance Workshop" is a 2-day interactive forum for pre and post-doctoral students and recent recipients of Ph.D., M.D. or related doctoral degrees who are members of groups under-represented in aging research. During the workshop, NIA staff and associated faculty members will present information and provide technical assistance on applying for NIA grants. Participants in the workshop, depending on career stage, will have an opportunity to make podium presentations of current or planned research projects, receiving feedback from peers and NIA staff. The Technical Assistance Workshop will be held immediately prior to the 2008 Annual Scientific Meeting of the Gerontological Society of America, in Washington, DC on November 20th and 21st. Participation is by competitive application.

Applicants: Applicants may be new to the NIH application process or embarking on an independent program of research. Investigators who demonstrate a commitment to research careers related to minority aging issues are encouraged to apply. Transportation and lodging expenses will be provided for all selected applicants. First-time applicants will be given priority and a modest payment for preparation and participation. Applications must be completed and submitted by July 18, 2008 (postmarked). A recent C.V. must accompany all applications. Individuals who have conducted funded research for more than 5 years, are considered established investigators and/or are former Summer Institute participants are ineligible. Applicants must be U.S. citizens, nationals or permanent residents. To request an application or additional information, please contact Ms. Jamie Gulin at 301-496-0765 or by e-mail at gulini@nia.nih.gov.
Don’t Miss This Year’s Premier Scientific Meeting On Aging!

Resilience in an Aging Society: Risks and Opportunities

The Gerontological Society of America
The 61st Annual Scientific Meeting
November 21 – 25, 2008
Gaylord National Resort and Convention Center
National Harbor, Maryland

- Over 400 never before published scientific sessions
- Opportunity to network with 3,500+ colleagues from various disciplines and countries
- CME/CEUs for physicians, nurses, social workers, and psychologists
- Take part in the Congressional Briefing on Tuesday, November 25th and meet with key leaders on Capitol Hill
- Participate in over 40 Special Interest Group meetings (topics include Nursing, Assisted Living, Aging in Asia, Transportation, and many more!)
- Explore the products and services of over 100 companies in our Exhibit Hall

Capitol Steps to perform at Opening Session!

Stay at the Gaylord and your internet and fitness center access are included!

For more information, visit www.agingconference.com today!