Dynamic Presenter Tapped for Atlanta Kickoff

GSA will welcome motivational speaker and artist Erik Wahl to the opening session of this year’s Annual Scientific Meeting in Atlanta, GA.

“I am excited about the opportunity to address an audience that is influential to understanding change and embracing opportunities for our maturing population,” he said.

An internationally-recognized lecturer on the subject of organizational excellence, Wahl incorporates painting into his multimedia demonstrations. The finished work of art will then be auctioned in the Exhibit Hall.

“Erik’s memorable keynote will tie in directly to our meeting theme of ‘Creative Approaches to Healthy Aging,’” said GSA President Michèle Saunders. “What’s exciting is that his message will keep attendees thinking innovatively both during the conference and well after they return home.”

Wahl will present “The Art of Vision,” a unique, fast-paced program that will serve as an entertaining introduction to the four day meeting, which will take place from November 18–22. His talk is specifically designed to help listeners utilize unconventional wisdom.

Wahl holds a bachelor’s degree from the University of San Diego, where he studied both art and business. He is the founder of The Wahl Group, a consulting firm that aims to help organizations identify and implement new methods to achieve results.

His website states, “By breaking apart traditional thinking, Erik challenges and inspires his audience to redefine commonly held assumptions and misconceptions about ‘creativity,’ ‘goals,’ ‘success,’ and ‘vision.’”

For more information about Wahl, please visit www.apbspeakers.com.

H1N1 Incidence Lower Among Older People

Approximately five percent of individuals infected with the H1N1 novel swine origin influenza A virus (S-OIV) are over the age of 51, according to available data reported in the New England Journal of Medicine on May 7, 2009. By contrast, 60 percent of patients with the disease are under the age of 18.

Experts have not yet been able to scientifically confirm why the senior demographic has experienced a lower number of cases, although this trend follows those seen in previous pandemics.

“The low attack rate of H1N1 in elderly persons parallels what happened in the 1918 Spanish flu, which killed anywhere between 25–50 million people worldwide,” said prominent Los Angeles-area geriatrician Thomas Yoshikawa, MD, former chair of GSA’s Clinical Medicine (now Health Sciences) Section. “If one examines that historical disease, it becomes apparent there were a disproportionate number of young adults who died from flu and/or its complications.”

One explanation for the age-related distribution pattern lies in the fact that many older people have lived through similar illnesses before.

“Prior exposure to one or more of the H1N1 surface antigens present on other flu strains is a tenable argument for why there may be a lower incidence of infections. There is evidence for this in previous outbreaks of other flu strains,” said former GSA President Leonard Hayflick, PhD, whose pioneering work led to the production of vaccines used against all major human virus diseases. He is currently a professor of anatomy at the University of California, San Francisco.
R X for Success Lies in Innovation
By James Appleby, RPh, MPH

GSA President Michèle Saunders and I recently attended a two-day conference that explored the role of membership societies in today’s rapidly changing world. This event was run by the American Society of Association Executives and the Center for Association Leadership.

One of the sessions outlined the latest trends that are reshaping the nature of relationships inside and outside of associations like our own. We covered a lot of ground there, so I’ll revisit these topics in next month’s column as well.

The presenters identified shifting demography and new technology as the primary drivers of evolution among modern organizations. For example, online social networking and information sharing (collectively known as Web 2.0) have risen to prominence because of young people who realize the potential of these resources. For the first time, many professionals have had to look at their children to keep pace with the business world.

We only need to look to our own Emerging Scholar and Professional Organization (ESPO) to see this trend in action. In this month’s ESPO column on page 10, readers will find links to the group’s blog, Facebook page, and Twitter feed. GSA is very fortunate to have these forward thinking pioneers to demonstrate the effectiveness of such tools.

This idea of “reverse mentoring” is something that we explore in further detail thanks to the recent launch of GSA’s new Task Force on Mentoring. Its purpose, according to the charter, is to “nurture and empower the current and future leaders in the field of gerontology by providing structures and opportunities for mentoring within The Gerontological Society of America and the Association for Gerontology in Higher Education (AGHE), GSA’s educational arm.”

I would like to personally thank all the GSA volunteer leaders who were involved in making this new panel a reality. Its first chair will be Ellen Idler, who is also the immediate past chair of our Behavioral and Social Sciences Section.

The task force will examine and evaluate GSA and AGHE’s existing mentoring activities and will identify new opportunities for mentoring and reverse mentoring at the Annual Scientific Meeting and year round. They’ll also look for ways to integrate activities between GSA’s four professional sections and AGHE. Feedback from members will always be welcome.

The importance of mentorship cannot be overstated. We must continue to demonstrate that the Society values and encourages the work of new members. And as I mentioned above, GSA veterans can benefit from collaborations with these emerging scholars.

Reverse mentoring was brought to national attention by people who were able to see untapped potential, yet new ideas like this don’t always come easily. Erik Wahl, the dynamic speaker featured on the front page of this issue, has become very successful in spurring people to think creatively. We will be very fortunate to welcome him to our upcoming conference in Atlanta.

Of course, we aren’t waiting until November to consider GSA’s vision for the future. Once again, I invite all members to regularly keep in touch with me about any ideas you want to share. I can be reached at jappleby@geron.org and always welcome your input.
New Publication by Members


Members in the News

- Luigi Ferrucci, MD, PhD, was recently quoted in The York Daily Herald about the Baltimore Longitudinal Study, which he currently directs. He discussed the study and the importance of keeping mentally and physically active.
- A May 1, 2009, article in Financial Planning contained a transcript of retirement experts’ discussion of secure retirements. Among the participants were Neil Cutler, PhD, and Sandra Timmerman, PhD.
- Kelvin Davies, PhD, DSc, was quoted in a recent UPI wire story discussing an article he authored in The Journal of Biological Chemistry. His team of researchers reported a discovery that might lead to gene therapy treatments for Huntington’s disease.

Colleague Connected!

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

The recipient, who became eligible after referring new member L. Alison Phillips, 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

Journal Issues Call for Papers to Honor Longino

The Journal of Aging and Health has issued a call for papers for a special issue honoring former GSA President Charles F. Longino Jr., PhD, who passed away in December 2008. The theme, “Migration, Aging, and Health,” was selected because of Longino’s scholarly contributions related to this topic. Empirical manuscripts are being solicited in the areas of retirement migration and health (health care), late-life immigration, health care issues of older immigrants, and related matters. Manuscripts are due on or before September 1, 2009. Submissions should be made electronically at mc.manuscriptcentral.com/jah.

Any questions regarding potential submissions should be addressed to the guest editor, Peter Uhlenberg, PhD, at uhlen@email.unc.edu.

Saunders Consults at Psychology Conference

GSA President Michèle Saunders, DMD, MS, MPH, was recently welcomed as the Society’s official representative to the American Psychological Association’s (APA) Presidential Summit on the Future of Psychology Practice in San Antonio, TX. The gathering included psychologists from various disciplines as well as other experts holding key positions in businesses, health care and insurance corporations, public policy institutes, governmental entities, national foundations, and non-profit organizations. The attendees discussed future partnerships for the uses of psychological knowledge in serving a healthy society.

Sterns Wins Lifetime Achievement Award

GSA Fellow Harvey Sterns, PhD, director of the University of Akron’s Institute for Life-Span Development and Gerontology, has received the Akron/Canton Area Agency on Aging Lifetime Achievement Award. He was selected for this honor for his ongoing contributions to the field of aging. Since its founding in 1974, Sterns has assisted the agency with consultations, presentations and educational development for employees.

Roberto Appointed Institute’s Director

GSA Fellow Karen Roberto, PhD, chair of the Society’s Behavioral and Social Sciences Section, has been named director of Virginia Tech’s Institute for Society, Culture, and Environment. She had been serving as interim director for the previous two years. The institute is tasked with strengthening the school’s competitive position in the social sciences, humanities, and arts. It provides organizational and financial support for targeted creative, interactive, and multi- and interdisciplinary research endeavors. Roberto is also director of the Virginia Tech’s Center for Gerontology.

Bennett Tapped for Top Bayview Post

GSA Fellow Richard Bennett, MD, has been named the next president of Johns Hopkins Bayview Medical Center, effective July 1, 2009. Since 2006, he has served as the executive vice president and chief operating officer for Bayview. Bennett’s career at Johns Hopkins has included work as a clinician, researcher, and educator. Prior to his current role, Bennett was vice president of medical affairs at Bayview and, from 1997–2003, executive medical director of the Johns Hopkins Geriatrics Center (now Johns Hopkins Bayview Care Center). At the center, he led a variety of clinical programs, many of which became national models of care, and directed the fellowship training program in geriatric medicine, one of the largest in the country.

Mezey Selected for Commencement Address

Fairfield University welcomed GSA Fellow Mathy Mezey, EdD, RN, FAAN, as one of its 2009 commencement speakers. She is currently director of the Hartford Institute for Geriatric Nursing in the New York University (NYU) College of Nursing. She was a leader in developing The Nurses Improving Care for Healthsystem Elders (NICHE) model, which allows hospitals improve their policies and nurse training to better meet the healthcare needs of a growing geriatric patient population. In July 2004, hospitals using the NICHE system were included among U.S. News & World Report’s rankings of the top 50 hospitals in geriatric care.
Fifteen years ago, Capitol Hill was abuzz with the words “health care reform,” “managed competition,” and “managed care.” The Clinton White House held long, closed-door meetings with select health policy experts, legislators, and politicians. On Capitol Hill, senators and representatives of all stripes and persuasions submitted their own versions of the health care fix, and fought off all who disagreed. As we all remember, this led to back-stabbing hyperbole and the ignominious demise of the health care reform movement.

Fast forward to 2009; a sea change so strong has blown in that everyone is staying above board so they don’t get seasick. First, the White House held a meeting to discuss health care reform. This gathering brought together health policy experts, legislators, researchers, and even consumers. Then came the “watershed event,” as President Barack Obama called the historic convening of insurers, hospital executives, health policy experts, and pharmaceutical representatives at the White House on May 11, 2009.

The significance of the meeting itself, and the potential outcome, is huge. Washington health care experts say that in 1993–94 the status quo was an acceptable option if reform didn’t happen. This year, most stakeholders feel that the status quo is not an alternative. In addition, bringing the bigwigs to the table early on will make it much harder for any of them to reject the effort later on. As White House press secretary Robert Gibbs put it, “Let’s not minimize the impact of … the difference between being at the table working constructively … vs. campaign-style ads to derail it.”

The Devil is in the Details
And what, exactly, are those details? A few are: how to pay for health care; how to structure it to cover all — or most — Americans; how to prioritize care; and how to coordinate care.

We know what came out of the White House watershed meeting with health industry big wigs: a pledge to cut costs by $2 trillion over the next decade by coordinating care, curbing obesity and promoting wellness, standardizing insurance claims forms, and increasing the use of electronic medical records and other technology. It is in the best interest of the insurance industry to drown out the voices of the single payer advocates by pledging to accomplish what President Obama wants. Critics of the industry pledge cite potential lack of enforcement mechanisms or legislated requirements.

Coalitions incorporating unlikely bedfellows like AARP, the Business Roundtable, the U.S. Chamber of Commerce, the National Federation of Independent Business, the AFL-CIO, and the Service Employees International Union have been promoting their positions and priorities. The Leadership Council on Aging Organizations (LCAO) has developed a set of principles for health care reform that incorporates issues important to aging and long-term care constituencies. (The LCAO document is reprinted on the following two pages of this newsletter.)

Obama’s strategy appears to be focused on lowering the cost of medical care, rather than focusing on specifics of coverage and structure. The president believes that once costs go down, more people will be able to buy health insurance. He has not strongly advocated a single payer system or a national health care plan. Instead, one of his eight principles for reform is to “aim for universality.”

Health care analysts say the short list of reforms will include some or all of these options:

- Requiring everyone to carry health insurance (similar to Massachusetts’s individual mandate)
- Subsidizing a portion of the 85 percent of the uninsured who can’t afford to buy a policy
- Taxing some health benefits workers currently get from employers to help subsidize insurance for the uninsured
- Expanding Medicaid to cover more of the uninsured
- Expanding Medicare to allow people aged 55–64 years to buy-in
- Urging insurers to insure already sick people
- Reducing health care costs by using health care technology (electronic medical records), better coordinating care for those with multiple chronic illnesses, reining in some provider payments, and eliminating fraud in the system.

The Details
Obama’s health care reform price tag is $634 billion. So, while trying to revamp health care and deal with a faltering economy, congressional leaders must also choose spending cuts or select tax increases to fund the reforms.

House Ways and Means Chair Charlie Rangel (D-NY) seized on the administration’s proposal to end tax breaks for multinational companies that have “offshore tax havens.” But he is not on
board with taxing workers' health benefits, which Senator Ron Wyden believes could bring in $700 billion over five years.

The issue of taxing employer-paid health insurance premiums is politically dicey for Obama, who castigated Senator John McCain (R-AZ) during the campaign for suggesting it. Now, however, Health and Human Services Secretary Kathleen Sebelius said that the administration is willing to consider the idea.

The President's budget also proposes to raise money by limiting deductions for upper-income taxpayers for items such as charitable donations and home-mortgage interest, as well as by taxing securities dealers and life insurance products. He proposes cuts to Medicare Advantage plan payments, and suggests that wealthy Medicare beneficiaries pay more for their prescription drugs. All these proposals have their defenders and detractors, thus the fight has ensued.

Public Health Insurance Plan — Deal or No Deal?
A major point of contention between congressional democrats and republicans is whether or not a public plan option needs to be part of a reformed health care system. At a Senate Finance Committee roundtable on health care, America’s Health Insurance Plans President and CEO Karen Ignagni said that rigorous federal regulation alone could improve the health care system and that insurers do, in fact, support federal regulation of the health care industry.

Most congressional republicans are opposed to a public plan option, saying that it would drive private plans out of business. Many democrats believe that a public plan option would increase marketplace competition, help lower costs, and provide an alternative choice in geographical areas where only one private insurer operates. Gail Wilensky, a senior fellow at Project HOPE and former Health Care Financing Administration head, believes a public plan option is not essential to reforming the health care system. “To me this is going to be a political battle; it is not a substantive battle,” she said.

The People vs. Politics — Examining the Public’s Perceptions
In addition to cost containment, delivery reforms, and how to pay for health care, the Administration and the Congress face a challenge in keeping the public on board with health care reform. Health care reform is more important than ever, according to 59 percent of the respondents to a Kaiser Family Foundation (KFF) tracking poll. Six in ten Americans continue to say that they or a member of their household have delayed or skipped health care in the past year. However, thirty-seven percent feel that we cannot afford health care reform because of economic problems. And, the public and health care experts disagree on possible solutions regarding health care.

The public believes that the health insurers and the pharmaceutical industry are making too much money. Fraud, abuse, and waste throughout the system create inefficiencies and extra cost. The public feels that it is being underserviced, that is, not getting all of the care or services it needs or wants, not overserviced, as most health care experts believe.

The KFF poll found that the public would like to see health care reform bring about lower costs, and greater assurance that health care insurance will be available and affordable now and in the future. They want relief from the problems they are having now paying for health care and health insurance in very tough economic times.

Health care experts believe that the system is rife with inefficiencies, unnecessary care, and care of variable quality and accessibility. Improved technology, comparative effectiveness research, and prudent purchasing would go a long way in reducing health care expenditures.

Again, there's the rub: experts and politicians believe that health care expenditures are too high a percentage of GDP, whereas, only 14% of the public is concerned with the national outlay on health care. Forty-four percent are more concerned with personal health care expenditures.

In a recent “Pulling It Together” column, KFF CEO Drew Altman stated, “These differences between experts and the public matter because key elements of health reform, which elected officials expect to resonate with the public, could get a decidedly less enthusiastic reception than expected if more is not done to close the gap in basic premises and beliefs between experts and the public. Most fundamentally, the challenge is to educate the public about why health costs are rising as fast as they are in the U.S. As long as people think we can solve the problem of rising health care costs simply by eliminating waste, fraud and profiteering, the hard choices they hear experts and leaders talking about will not make much sense to them.”

As you will see in the following LCAO recommendations, each interest group has its wish list or, in some cases, price, for supporting health care reform. President Obama will need to use every ounce of his persuasion skills to keep enough of the passengers on board this legislative vessel.
On April 27, 2009, the Leadership Council of Aging Organizations wrote every member of Congress to offer a set of proposals for health care reform legislation. The message is reprinted below. Although GSA is an active LCAO member, the recommendations that follow may not necessarily reflect those of the Society.

Older Americans have a major stake in the success of comprehensive healthcare reform that delivers high quality health and behavioral health care to Americans of all ages. Such reform must offer a choice of providers, be affordable, efficient and effective, and reduce disparities in health care.

The U.S. lacks a coordinated, national public-private system for delivering services and supports to individuals with chronic care needs. This gap in coverage represents one of the most serious deficiencies in our healthcare system for seniors and people with disabilities. With 10 million individuals needing these services today and that number projected to rise to 26 million by 2050, the need to address this problem is urgent. State Medicaid programs clearly cannot afford to meet these future needs. The cost of this care impoverishes thousands of seniors and their families every year. Improved coverage will spur economic growth by creating employment opportunities and a more stable and professional health care workforce.

The Leadership Council of Aging Organizations, a coalition of 60 national not-for-profit organizations concerned with the well-being of America’s 87 million people over age 50, offers the following recommendations for key elements of upcoming health care reform initiatives.

To achieve these goals, we recognize the need to create financing mechanisms, cost savers and cost containment measures that are equitable and sustainable.

Under-65 Population

1. Offer a nationwide public-plan option to improve the efficiency and quality of care, help hold down costs, encourage innovation, and devote a higher percentage of premiums to patient care. Such a plan would introduce a new level of competition in the 97 percent of local and regional insurance markets now considered highly concentrated.

2. Require community rating for setting premiums. The law should prohibit premiums based on discriminatory factors such as age, health status and gender as it already does those based on race and ethnicity.

3. Provide high-quality, affordable coverage to the pre-Medicare population. This opportunity should include buying into the Medicare program. One of the most vulnerable groups of health care consumers consists of displaced workers and uncovered employees and retirees aged 55 to 64. They are too young to qualify for Medicare but often have acute and chronic health conditions that go untreated or lead to debt and bankruptcy.

4. Health coverage for individuals and families must be sufficiently subsidized to be affordable.

5. The current two-year waiting period for receiving Medicare for Social Security Disability Insurance beneficiaries should be eliminated.

Medicare

6. Address gaps in coverage. Medicare currently has significant coverage gaps, particularly in comparison to the typical large employer health plan or the Federal Employees Health Benefits Program. High cost-sharing in Part A, the lack of an out-of-pocket limit in Parts A and B, and the “doughnut hole” coverage gap in Part D put older people at serious financial risk.

7. Maintain the basic defined benefit structure guaranteeing choice of providers and affordable, quality benefits for all older and disabled Americans. Repeal the scheduled 2010 premium support demonstration Projects and Medical Savings Accounts, which undermine the current successful structure.

8. Expand access to enhanced Medicare benefits by covering geriatric assessments, care coordination/management and chronic disease self management; eliminating cost sharing for preventive services; adding a catastrophic stop-loss for beneficiary cost sharing; and enrollment assistance.

9. Improve Medicare’s prescription drug coverage by adding a national public plan option in Part D, eliminating the coverage gap, allowing beneficiaries to change plans at any time, prohibiting Part C and D plans from making mid-year formulary deletions, granting the Secretary of Health and Human Services authority to negotiate drug prices to reduce costs, and improving the appeals/exceptions process reducing cost sharing in the specialty tier.

10. Align payments to Medicare Advantage (MA) plans with expenditures for traditional Medicare and use savings for beneficiary improvements. Currently all Medicare beneficiaries pay an additional $3 per month in their Part B premiums to subsidize MA plans, whether or not they participate in these plans. In addition, MA participants should no longer have higher cost sharing for individual services than those under traditional Medicare.
11. Provide enhanced coverage for low-income beneficiaries. The Medicare Savings Programs (MSPs) and the Part D Low-Income Subsidy (LIS) should be expanded, aligned and simplified to promote consistency and uniform eligibility; asset eligibility tests should be eliminated or asset levels should be significantly increased; income eligibility levels increased; the Qualified Individual program made permanent; and funding for outreach and enrollment increased.

Medicaid
12. Expand eligibility by creating a higher uniform federal income level. Income eligibility should be set at a point substantially above the federal poverty level. Raising the cap on eligibility to, for example, 133 percent of the federal poverty level ($14,412/yr. for an individual; $19,391/yr. for a couple in 2009) would cover additional older Americans. In most states, Medicaid eligibility for seniors is currently restricted to those below 74 percent of the poverty level ($8,019/$10,665).

13. Simplify Medicaid eligibility so that all who meet financial eligibility requirements qualify, regardless of age or family status.

14. Continue to provide incentives for states to cover populations with income above the federal floor.

15. Provide permanent additional federal financing for these reforms.

16. Create an automatic trigger for Federal Medical Assistance Percentages (FMAP) increases during significant economic downturns. State budgets are too vulnerable during economic downturns to be able to take on substantial additional financing obligations.

17. Reverse punitive asset transfer provisions in the Deficit Reduction Act.

Chronic Care Services & Supports
18. Improve access to long term services and supports by creating a national insurance program that helps people with chronic care needs to receive services in the setting of their choice. Such a program should include broad risk pooling, affordable premiums financed primarily by individual payroll deduction, and federal subsidies for low income individuals. The program should guarantee consumer choice, control over the delivery of services, and care coordination for those with multiple chronic illnesses. A comprehensive health reform bill should include core elements of the Community Living Assistance Services and Supports (CLASS) Act (S. 697/ H.R. 1721).

19. Expand eligibility for and access to Medicaid home and community-based services (HCBS) to reach parity with institutional care. Medicaid, the nation’s largest payer for long-term services and supports, devotes an estimated 75 percent of its $100 billion spending to institutional care. HCBS are often inaccessible due to short supply and long waiting lists. Federal funding for HCBS should be expanded and initiatives undertaken to encourage states to increase the availability of Medicaid HCBS, including care coordination, while at the same time updating income and asset requirements to allow beneficiaries to retain more of their assets. The health reform bill should include key elements of bills such as the Empowered at Home Act (S. 434).

20. Improve consumers access to non-Medicaid home and community-based services by expanding the capacity of the Older Americans Act to offer three programs proven to be effective: person-centered access to information (e.g., Aging and Disability Resource Centers); evidence-based health promotion and disease prevention activities; and enhanced nursing home diversion services.

21. Improve the quality of care for nursing home residents by increasing transparency, promoting accountability among nursing home owners and operators, and expanding residents’ legal rights. Reforms should include requirements for detailed reporting of nursing staffing levels, full disclosure of nursing home ownership and affiliated party arrangements, and prohibition of pre-dispute arbitration agreements that eliminate resident access to the courts in disputes. Additionally, funding should be provided for the Long-Term Care Ombudsman Program to ensure quality care for Medicare and Medicaid beneficiaries in long-term care facilities by identifying and investigating complaints, providing information, monitoring regulations, and participating in resident advocacy organizations.

Systemic Reform
22. Institute a comprehensive system of professional care coordination based on the needs of the individual patient/client and delivered by interdisciplinary teams to improve the quality of care, reduce costs, and link health, psychosocial, and long-term services and supports. Care coordination services should be part of all public and private health care coverage programs, including Medicare and Medicaid. Care coordination should be seamless for individuals eligible for more than one program and among all providers and settings. Care coordination programs should support family caregivers’ ability to care for their loved ones at home, promote chronic care self-management in the community, and provide assistance to individuals who are unable to manage their own care.

23. Support a sufficient, well-trained, skilled workforce to meet the needs of older adults. Sufficient training and compensation are needed to ensure patients and clients have access to high-quality health care and long term supports and services.

24. Improve programs to support family caregivers, including strategies to help maintain their financial security.

25. Prudently employ health information technology, comparative effectiveness research, and payment reforms to improve the quality of care, reduce health care disparities, and address escalating health care costs, inefficiencies, and uneven quality of care. Health information technology must include consumer privacy protections. Comparative effectiveness research must include input from consumers and family caregivers.
Careers in Aging Week increases the awareness and visibility of the vocational opportunities that exist in the field of aging and aging research. It is an annual joint venture between The Gerontological Society of America and its educational branch, the Association for Gerontology in Higher Education (AGHE).

GSA and AGHE would like to thank all the organizations that participated and commend the imaginative ways they promoted gerontology on their campuses. The examples below highlight just some of the events held across the country.

Aurora University public displayed aging career-themed posters designed by students. The school also hosted a discussion at which several older adults discussed their views on gerontology. The panelists included retired Illinois Senator Robert Mitchler and his wife Helen, a retired nurse.

St. Cloud State University’s Gerontology Program, in conjunction with the Beta Zeta Chapter of Sigma Phi Omega (the national academic honors and professional society in gerontology) and the school’s Gerontology Club, hosted two events. The first consisted of an aging information booth set up in the student center. The second event was the annual Careers in Aging Open House, where over 120 students, faculty, and staff gathered to network; win door prizes were donated by local businesses.

The University of Alaska, Fairbanks hosted several activities paying tribute to the state’s aging indigenous population. A panel featuring two Native elders shared their experiences of growing up and growing older in Alaska. The student club of the Alaska Native Social Workers Association also sponsored a banquet to celebrate the elders, their Native culture, the end of the academic year, and the social work profession.

The University of Kentucky held three luncheons with featured speakers who represented academia, government, and private corporations. Among them was Bill Cooper, director of the Kentucky Division for Aging Services and deputy commissioner of the new Department for Aging and Independent Living.

Careers in Aging Week 2010 will take place on June 21-27. Now is the perfect time to get your institution involved. Please e-mail cia@geronte.org for more information.
The University of Maryland, Baltimore featured a Multidisciplinary Geriatric Skills Workshop organized by the school’s Geriatrics and Gerontology Education and Research Program and co-sponsored by the student chapters of the American Geriatrics Society and the American Society for Consultant Pharmacists. Roundtable discussions and presentations allowed 60 students to interact with faculty from six disciplines to discuss aging topics. The university also held a “Multidisciplinary Geriatric Skills Workshop.”

The University of Nevada, Reno’s School of Social Work and Gerontology Academic Program sponsored a student essay contest to promote its undergraduate gerontology certificate. The winning entries addressed mental health counseling needs, particularly substance abuse issues among the older population; exercise and promotion of healthy lifestyle behaviors among older adults; and mental and psychological benefits of exercise for older adults.

The University of Utah’s School of Social Work, College of Nursing, and Gerontology Interdisciplinary Program teamed up to sponsor several events throughout the week. The activities culminated in an interdisciplinary and multi-agency panel of speakers who identified potential careers in a variety of fields and sectors in Utah and surrounding regions.

Washington University in St. Louis held several events organized by the George Warren Brown School of Social Work’s Gerontology Student Association. Margaret Donnelly, director of the Missouri Department of Health and Senior Services spoke about careers in government. Additionally, a Careers in Aging Week roundtable featured a panel of four local social work professionals.

University of Alaska, Fairbanks will take place from April 11–17. For more information, contact ciaw@geron.org or visit www.careersinaging.com!
ESPO and the Economy (Part 2): What Can I Do?

Last month's column focused on the impact of the changing economy on emerging scholars. This month, we focus on how emerging scholars can improve their chances for success in the current economic climate.

C. Joanne Grabinski, MA, MA, ABD, author of “101 Careers in Gerontology,” spoke recently with several student groups in California and Oregon. She is currently president, educator, and consultant for the private consulting firm AgeEd, as well as a lecturer of gerontology at Eastern Michigan University.

In our interview with Grabinski, she highlighted for us her responses to some of the questions students have been asking. Here are some of the tips and advice she gave us:

Search Broadly for Job Opportunities
When searching for positions for which to apply, be flexible and search broadly. For example, don’t solely look at universities, hospitals, and research centers. Consider legislative and policy positions in local, state, and federal governments. Apply for jobs that provide direct service to older adults and those who work with them. Keep in mind that especially research or university-related work may not be available in your local area, so you should remain open to relocating.

GSA’s AgeWork website, located at www.agework.com, is a good place to start your search. It offers resources and job listings for aging-related careers.

Look for Entrepreneurial Opportunities
Identify programs and services that are not being adequately offered in your local area. Meet those community needs by opening a business, providing a client service, consulting, or partnering with an existing organization.

Uniquely Package Your Application
Because employers see a lot of applications, package yourself in a unique way to ensure that you stand out. You might do this by emphasizing any direct experience you have working with older adults. Be sure to tailor your applications to each job; don’t send generic form letters.

Build your Skills with Training Opportunities
To be the most impressive job candidate, shape your skills to fit your ideal job. In general, it is wise to develop skills like teaching, grant writing, and public speaking. But there are additional skills that may give you an edge over other candidates. Can you translate your research into vernacular language? Do you understand financial and legal liability involved in business? Plus, it is always impressive on a CV if you have experience supervising others or overseeing budgets.

Some of these skills, like teaching and writing, can be learned in your degree program. But many of the others require creativity to obtain. Look for and create opportunities within your university, GSA, or in the larger community to develop these additional skills: organize discussions and seminars that address the specific needs and interests of your classmates; invite guest speakers or hold roundtable sessions; take a grant writing workshop; participate in community service; attend your city’s chamber of commerce training programs; sign up for certificate training programs specifically geared toward gerontologists; or consider taking practical business courses.

For further educational opportunities, online courses, and resources, check out www.ageworks.com.

If you are looking to get involved in service to develop your CV, visit the following websites to learn about outreach opportunities related to aging and volunteering:


Generations United: www.gu.org

Special thanks to Kelly Niles-Yokum, PhD, for connecting ESPO with C. Joanne Grabinski.

Keep Up with ESPO Online:
Our blog: gsa-espo.blogspot.com
Facebook: www.facebook.com: Search for our group under “GSA ESPO”
Twitter: twitter.com/GSA_ESPO
GSA’s website: www.geron.org/Students
E-mail: gsaespo@gmail.com
new resources

Latest Kronos Publication Examines Longevity Science
The Kronos Longevity Research Institute has released its third annual report on issues related to human longevity. “Grey Is the New Gold 2009: Optimism in Longevity Science” explores vitamin D levels; oxidation, inflammation, and insulin resistance; telomeres and insulin resistance; physical fitness and exercise training; calorie restriction; hormones and aging; the longevity dividend; and other long-range projects sponsored by Kronos. The report can be downloaded at www.kronosinstitute.org/publications/reports/sos_2009.cfm.

Research Ties Early Behavior to Later Health Conditions
The Population Reference Bureau has released the sixteenth installment in its series of e-newsletters on research on aging. Titled “Effects of Early Life on Elderly Health,” this installment can be downloaded at www.prb.org/pdf09/TodaysResearchAging16.pdf.

State-by-State Report Finds Adults not Reaching Health Potential
Adults in every state fall far short of the level of good health achievable by all Americans, according to a new report released by the Robert Wood Johnson Foundation Commission to Build a Healthier America. In fact, almost half of all adults ages 25 to 74 in the United States report being in less than very good health, and that rate differs depending on level of education. Adults who have not graduated from high school are more than two and a half times more likely to be in less than very good health as college graduates. Furthermore, those who have graduated from high school but have not gone to college are nearly twice as likely to be in less than very good health as college graduates. The new report can be downloaded at www.rwjf.org/pr/product.jsp?id=42420.

Study Documents Legislators’ Voting Performance
The Alliance for Retired Americans recently issued a new report detailing every U.S. senator’s and representative’s voting record on key issues affecting current and future retirees. The document examines 10 key Senate votes and 10 key House votes in 2008, showing the roll calls on issues such as Social Security privatization and funding the low-income energy assistance program. According to the Alliance, 259 U.S. House members received passing grades (voting “yes” more than 60 percent), with 197 achieving perfect scores of 100 percent. Failing grades (voting “yes” 60 percent of the time or less) were given to 175 members, with 14 receiving scores of zero. One seat was vacant during these votes.

Project Produces Numerous Home Care Tools
The National Framework for Geriatric Home Care Excellence initiative has released important evidence briefs, recommendations, and other resources that define home care excellence and shape the future of home health services for older people. The initiative, spearheaded by the Visiting Nurse Service of New York (VNSNY) Center for Home Care Policy & Research with funding from the John A. Hartford Foundation, brought home health care leaders and geriatrics experts together to forge a consensus on key values, critical practice areas, and core strategies for achieving high quality home health care for older people and their families. Available materials include an overview brief describing the initiative; evidence briefs that synthesize the geriatric and chronic care research in six practice areas critical for home care; practice, policy and research recommendations for home health care; manuscripts of articles from a special issue of The Journal for Healthcare Quality on home care; and reports from focus groups and presentations made at an invitational national conference on geriatric home care. To download these materials, go to www.champ-program.org/framework.

New LGBT Information Site Launched
The American Society on Aging has created a Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging Resources Clearinghouse that holds information related to and resources for people aged 50 and older. The site’s searchable resources span several categories: education and training; health and mental health; housing and support services; populations and communities; and public policy, advocacy, and legal issues. Also available are annotated listings for service providers, community and professional organizations, information sites, reports and articles, and links for ordering DVDs, books, and other useful products. This new resource is located at www.asaging.org/larc.

AARP’s Latest “Across the States” Report Details LTC Policies
“Across the States 2009: Profiles of Long-Term Care and Independent Living” is the eighth edition of the AARP Public Policy Institute’s state long-term care reference report. Published approximately every two years, this series was developed to help inform policy discussions among public and private sector leaders in long-term care throughout the United States. “Across the States 2009” presents comparable state-level and national data for more than 140 indicators, drawn together from a wide variety of sources into a single convenient reference. This publication presents the most up-to-date data available at the time of production, and is displayed in easy-to-use maps, graphics, tables, and state profiles. It can be downloaded at assets.aarp.org/rgcenter/il/d19105_2008_ats.pdf.
Georgia School Pioneers Online Degree
Brenau University in Gainesville, GSA, has announced plans for a new interdisciplinary master of science degree in applied gerontology. The coursework will be offered online only. The school designed this new curriculum with non-traditional students in mind. In addition to basic psychology, the program will include studies in family health care, occupational therapy, law and ethics, conflict resolution, interior design, and other disciplines that relate to the needs of older people. Those who do not wish to pursue a master’s degree, but still wish to enhance their expertise, can opt for Brenau’s program for certification in applied gerontology, which takes a little more than half the time as the full degree program.

UMDNJ Launches Aging Certificate Program
The University of Medicine and Dentistry of New Jersey now offers an online graduate certificate in aging. The program consists of 15 credits: nine credits of interdisciplinary geriatric core coursework and six credits of specialized coursework in either geriatric physical therapy or nutrition. The courses are designed to use interactive educational tools such as case studies, simulated patient scenarios, clinical pathways models, videotapes of specific geriatric assessment techniques, and online asynchronous and synchronous discussions. Course content is enhanced with textbooks, scientific and professional articles, and information from the Internet. Geared initially for registered dietitians and licensed physical therapists, the program will soon expand to include multiple health care disciplines.

Singapore School Adds Gerontology to Curriculum
Temasek Polytechnic in Singapore has launched a three-year course in gerontological management studies. According to the newspaper The Straits Times, the demand for enrollment has far exceeded the available spaces. Students will be able to choose from four areas of concentration: leisure and travel; financial products and services; assistive technology; and health care and wellness.

USC Creates New Master’s Degree with Aging Services Focus
The University of Southern California (USC) Davis School of Gerontology has announced a new master’s degree in aging services management available in the fall of 2009. The curriculum will provide leadership training for careers that serve the rapidly increasing population of older adults. Using academic research to inform professional application, the master’s will target both on-campus and distance learning students seeking careers in residential care facilities, retirement communities, assisted living facilities, hospice care, and home-care services. Courses offered will include “Applied Legal and Regulatory Issues in Aging,” which will examine the shifting legal and regulatory issues affecting the delivery of aging services; “Marketing and Shifts in Consumer Decision Making,” which will cover efforts to capture the senior market; and “Current Issues in Aging Services Management,” which will focus on the basic skills needed for executives in the industry. All courses will be taught in one of the school’s “smart” classrooms and will be transmitted over the web to distance learning students globally. The webcasts are recorded and additional web-based discussions and assignments make it possible for online students to complete course work.

Kaiser Funds Bolster California Schools’ Initiatives
Kaiser Permanente has recently announced it will issue approximately $13 million in new grants, several of which will be directed to aging-related programs. Two grants totaling $275,000 will be issued to the University of California, Irvine Center for Excellence in Elder Abuse and Neglect. Of this amount, a $125,000 grant will support the university’s Pharmacy Training Program to develop, pilot, and evaluate a curriculum on elder abuse. Pharmacists and pharmacy staff also will be trained as gatekeepers for identifying and reporting elders at risk for abuse, neglect, and self-neglect. The remaining $150,000 will support the establishment of a statewide Elder Abuse Policy Council, whose duties will include educating policymakers on elder mistreatment issues. The University of Southern California will receive $240,000 for the Andrus Gerontology Center’s Fall Prevention Center of Excellence Coalition. The grant will focus on building a sustainable Fall Prevention Coalition and strategic plan to help reduce injuries from falls and provide training and advocacy for culturally diverse, underserved communities.
**funding opportunities**

**Monies Slated for Population Health Studies**
The Robert Wood Johnson Foundation Health & Society Scholars program provides two years of support to postdoctoral scholars to address the multiple determinants of population health and contribute to policy change. Its goal is to improve health by training scholars to investigate 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. Up to 18 scholars will be selected to begin training in August or September 2010 at one of six nationally prominent universities: Columbia University; Harvard University; University of California, San Francisco and Berkeley; University of Michigan; University of Pennsylvania; and University of Wisconsin. Scholars will receive an annual stipend of $89,000 in year one and $92,000 in year two of the program. Visit www.healthandsocietyscholars.org to apply online. The deadline for the receipt of materials is October 2, 2009.

**Kidney Research Grants Issued**
The National Institute on Aging (NIA) and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) have issued a funding opportunity announcement for applications that propose basic, clinical, and translational research on chronic kidney disease (CKD) and its consequences in aging and in older persons. Investigators should focus on the biology and pathophysiology of CKD in animal models; etiology and pathophysiology of CKD in the elderly; epidemiology and risk factors for the development of CKD with advancing age; and/or diagnosis, medical management and clinical outcomes of CKD in this population. Research supported by this initiative should enhance knowledge of CKD and its consequences in the elderly and provide evidence-based guidance in the diagnosis, prevention, and treatment of CKD in older persons. Applications for this funding opportunity are accepted on an ongoing basis; see grants.nih.gov/grants/guide/pa-files/PA-09-165.html for complete details.

**Stimulus Funds Aimed at Underfunded Institutions**
The National Institutes of Health (NIH) — using funds from the American Recovery and Reinvestment Act of 2009 — is undertaking an initiative to stimulate research in educational institutions that have previously not been major recipients of NIH grants. Faculty members of eligible schools should propose new behavioral, biomedical, or clinical research projects. It is anticipated that investigators supported under the program will benefit from the opportunity to conduct independent research; that the grantee institution’s research environment will be strengthened through the grants; and that students will benefit from exposure to and participation in scientific research in the biomedical, behavioral, and clinical sciences. Applications are due by September 24, 2009. Please see grants.nih.gov/grants/guide/rfa-files/RFA-OD-09-007.html for complete details.

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**international news**

**Inheritance Seen as Crucial To UK Residents**
A report issued by Friends Provident, a financial services group, shows that nearly one in three British adults is planning to fund their retirement with an inheritance, according to an article appearing in The Guardian newspaper. More than half of U.K. residents admitted to being ill prepared for retirement, and 31 percent said they expected to solve the problem by inheriting money and property from their parents and other relatives. Of those who reported relying on an inheritance, 36 percent expected it to make up more than half their income.

**China Preparing Robotic Assistance for Seniors**
The Harbin Institute of Technology in China is developing a robot designed to aid older people maintain their independence, according to the China View website. It has been designed to fetch food and medicine, sound alarms in case of water or gas leakage, send text messaged or video images via wireless communications, and even sing a song or play chess to entertain its owners. China has the world’s largest elderly population with 159 million people over age 60, accounting for 12 percent of its total population.

**Turkey’s Seniors Projected To Make Up One Third of Population**
Today’s Zaman reports that Akdemiz University in Turkey nearly has completed a comprehensive study of that country’s aging population. According to the school’s work so far, 30 million of Turkey’s projected 2050 population of 101 million will be over the age of 60. This research was supported by the Scientific and Technological Research Council of Turkey.

**Spanish Elders Facing Malnutrition**
Researchers in Spain have discovered that among citizens aged 65 and older, 4.3 percent were suffering from malnutrition, and 25.4 percent were at risk of suffering from it, according to Public Health Nutrition magazine. The highest rates are found among women that live in the south and northwest of Spain.
Nursing Assistant Workforce Facing Financial, Health Challenges

A pioneering study of certified nursing assistants (CNAs) in nursing homes reveals that more than half of them incurred at least one work-related injury in the previous year. One in three received some kind of means-tested public assistance, and nearly half of those without medical insurance claimed they could not afford their employer-sponsored plan.

The survey results are based on the responses of 3,017 nursing-home based CNAs. To be eligible to participate in the NNAS, a nursing assistant had to be employed by a nursing home (and not as a contract worker); be certified by the state to provide Medicare/Medicaid reimbursable service; be a speaker of English or Spanish; and be employed more than 16 hours per week.

Slightly more than half (56 percent) reported they were injured on the job at least once in the previous year. Of those who were injured, almost one quarter were unable to work for at least one day as a result.

Approximately 16 percent had no health insurance; 42 percent of that group cited cost as the reason. Years of experience did not translate into higher wages among CNAs. Those with ten or more years of experience averaged just $2 per hour more than aides who started working in the field less than one year ago. The reported median hourly wage was $10.04.

As many as 40 percent of CNAs had at some point in their lives received public benefits (e.g., food stamps, rental subsidies, or Temporary Assistance for Needy Families); almost one third were currently receiving this type of aid at the time of the survey. Additionally, the vast majority of the survey respondents (92 percent) were female.

“These and other forthcoming results will figure prominently in federal and state labor, welfare, and health policy discussions on expanding the pool of workers and on reimbursement policy, regulation policy, and program design,” Squillace said. “Ultimately, this will lead to improvements in the quality of life and care of older Americans in U.S. nursing homes.”

Older Volunteers’ Perceived Benefits Vary with Program Traits

The advantages of volunteering reported by adults aged 55 and older are largely dependent upon the characteristics of the activities in which they participate, according to a recent article appearing in The Gerontologist (Vol. 49, No. 1). The lead author is Nancy Morrow-Howell, PhD, of Washington University in St. Louis.

She and her colleagues document the benefits of volunteering as identified by older adults — a departure from many previous studies, which have focused on the benefits observed by researchers. They also compare reported benefits with information about the volunteer program, such as volunteer training, support, and stipends.

“These findings suggest that characteristics of volunteer programs can be strengthened to maximize the benefits of volunteering to older adults,” the authors state.

Morrow-Howell’s team sampled 401 people aged 55 and older from 13 volunteer programs. The volunteer activities included teaching, tutoring, mentoring, policing and public safety work, conservation efforts, and supportive counseling. More than 30 percent of participants said they were “a great deal better off” because of the service they contributed, and almost 60 percent identified a benefit to their families. Twenty percent reported improved overall health.

The reported benefits depended upon the participant’s demographics as well as the type and characteristics of activity.

For example, among those who received compensation for their work, the positive relationship between stipend and perceived advantages was weaker for the oldest of the 55+ sample, for non-white older adults, and for those with lower education and lower income.

Women and lower-income volunteers also reported more benefit than others from participating in public security programs. The researchers speculated that those older adults who traditionally had less authority thrived in roles involving law enforcement.

Support for this research was provided by the MetLife Foundation and the Longer Life Foundation.
It also might be the case that older individuals are much less likely to mix with the same crowds or groups that appeal to younger persons where the H1N1 incidence is much higher,” Hayflick added.

“Certainly, exposure plays a factor,” Yoshikawa said. “The flu bug simply has not spread in general as we might have expected, which may be a factor. Many flu outbreaks in older people occur in congregate settings such as nursing homes, assisted living facilities, and senior residential care centers. H1N1 hasn’t reached our senior populations in such settings so far.”

Yoshikawa also noted that a lifetime of inoculations against other strains may play a beneficial role.

“It is still possible that prior vaccinations offer some protection against the H1N1, despite the theoretical thinking being H1N1 is so different from past vaccine strains that there would be little protection. However, we now know that this H1N1 might be comprised of genetic material from other prior strains of flu, including swine flu,” he said.

GSA member Sean Leng, MD, PhD, an assistant professor at the Johns Hopkins School of Medicine, agreed with Yoshikawa’s assessment.

“The regular flu vaccine, which most older adults get every year, likely provides some cross protection against H1N1, even though no direct antibody protection is shown from the current vaccine,” he said. “Although H1N1 seems to affect older adults less frequently, health providers should be diligent in diagnosis and treatment for this vulnerable population,” he said.
“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 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 2009 Annual Scientific Meeting of the Gerontological Society of America, in Atlanta, GA on November 17th and 18th. 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 electronically or postmarked by July 17, 2009. 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. Andrea Griffin-Mann at 301-496-0765 or by e-mail at griffinmanna@mail.nih.gov. See: http://www.nia.nih.gov/NewsAndEvents/