Clark Selected as New Orleans Keynote; Registration Now Open

Bruce Clark, DPH, a recognized authority on the social, financial, health care, and marketing implications of the aging of America, has been tapped to deliver the keynote address at GSA’s Annual Scientific Meeting in New Orleans this November. Attendees can now register for the meeting at www.geron.org/2013.

Clark is perhaps best known as the co-founder of both Age Wave LLC, a marketing communication firm specializing in baby boomers and mature consumers, and IPG, a firm created to guide organizations in reaching a multi-generational marketplace. He previously held positions at the National Institutes of Health, the California Department of Health Services, the National Center for Health Education, the Healthcare Forum, and the Healthcare Forum Journal.

He said that after a career working on ground-breaking mature market initiatives with many of America’s leading healthcare, consumer products, and financial services organizations, he has never seen a wider breach between youth and age.

“I look forward to sharing what I believe these organizations now need and want and why the astonishing breadth of professionals represented by GSA is perfectly positioned help guide these organizations,” Clark said. “What should our shared goal be? Nothing less than to change the way America thinks about the second half of life.”

Among Clark’s other accomplishments has been the production of the 20-part PBS series “Caring for an Aging Society,” which won Business TV Magazine’s award for the Most Important Social Contribution Made Through Business Television. He recently helped launch the Mature Market Study, an ongoing research panel of 3,500 boomers and seniors in 20 major

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Senate Demonstrates Value of Aging Programs, Technologies

Aging concerns took center stage on Capitol Hill on May 23 as the U.S. Senate Special Committee on Aging hosted a Healthy Aging Forum and Senator Bernie Sanders (I-VT) convened a summit to promote the reauthorization of the Older Americans Act (OAA). These events coincided with the 50th anniversary of Older Americans Month.

The summit coincided with Sanders’ introduction of legislation to reauthorize and strengthen the OAA. He currently serves as chair of the Subcommittee on Primary Health and Aging within the Committee on Health, Education, Labor, and Pensions.

The new legislation was co-sponsored by 14 other senators, some of whom spoke at the summit to emphasize the importance of the OAA and seek support from stakeholder group representatives in the audience. Attendees also heard from participants in the Senior Community Service Employment and Meals on Wheels Programs.

Sanders said the country can’t afford to scale back OAA programs.

“What we are going to say is that not only are we not going to cut back on nutrition programs for seniors, we are going to significantly expand funding so that no senior in this country goes hungry,” Sanders said. “If you take away nutrition from a senior, what happens to that senior? That senior gets sicker, that senior will end up in the hospital, will end up in the emergency room, at significant cost to our system.”

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Butler’s Legacy Can Serve to Inspire Future Generations
By James Appleby, RPh, MPH
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Last month I had the honor of representing GSA at the National Institute on Aging’s memorial lecture dedicated in recognition of Robert Butler, MD, a luminary in the field of gerontology who served as the institute’s first director. I applaud the NIA for recognizing Bob in this manner. The keynote address, “Neuroimaging and Biomarkers: How Early Can We Diagnose Alzheimer’s?” was presented by Ronald Petersen, MD, PhD, of the Mayo Clinic. Given Bob’s instrumental role in having Alzheimer’s disease research included in the NIA portfolio, this topic seemed especially fitting.

It’s been three year’s since Bob’s passing, and the NIA’s memorial lecture brings a sort of closure to a period of reflection and remembrance of what he contributed to improving the lives of older adults. Thus, I felt it was important to go on record here to acknowledge his legacy. Bob was a true renaissance man who played a large role in shaping our modern views on aging. Here was an individual who not only received many accolades within his own field, but who also won the Pulitzer Prize for his 1976 book “Why Survive? Being Older in America.” At the NIA, he put in place the broad program of basic, biomedical, social, and behavioral research that remains today. He went on to become the founding director of the Department of Geriatrics at the Mount Sinai School of Medicine, one of the first such departments in the country. And for the last two decades of his life, he led the International Longevity Center, an organization he founded in 1990.

Prior to the lecture, I attended a luncheon with several dozen individuals who knew Bob for generations and had the good fortune of working closely with him during his distinguished career. Two of Bob’s daughters were there, too. After the lunch, the attendees were invited to share stories and remembrances of Bob. The experiences shared were heartwarming and often funny, capturing many different perspectives on this enormously accomplished man.

Among those in the room, I’m certain I knew Bob the shortest amount of time, having met first him in November 2008 soon after I joined GSA. Following our introduction, he made it a point to invite me to his offices at the International Longevity Center in New York and to visit with me over lunch in Washington. He also gave a presentation to the GSA staff, arguing the case for health care reform, a better trained care workforce, improved health promotion and disease prevention, and further gerontological research and development.

As I reflect on it now, I realize that Bob was making sure my education in the gerontology arena got off to a good start and that the new head of GSA understood his vision for the field. In particular, Bob wanted to make sure GSA got involved with the Age Boom Academy, a brilliant program Bob created to bring mainstream media into the dialog around aging research.

GSA did get actively involved in supporting the Academy, and we also channeled that commitment through the creation of our MetLife Foundation Journalists in Aging Fellows Program. Now in its fourth year, this fellowship enables 17 journalists each year to participate in the GSA Annual Scientific Meeting. We have 48 alumni to date who’ve produced nearly 200 stories resulting from the reporters’ connections with meeting attendees and other members throughout the year.

Bob is fortunate that his personal legacy lives on through his children and grandchildren. The aging field is also fortunate that his professional legacy will be carried on by the countless members of his aging research “family” that he influenced directly and indirectly throughout his career.

James
In Memoriam

GSA Fellow Leopold Liss, MD, passed away in January at age 89. He received a baccalaureate in humanities in Lvow, Poland, and a doctorate of medicine from Rupert-

Carol University in Heidelberg, Germany. A co-founder of the National Association of the

Alzheimer’s Disease and Related Disorders Association as well as the Columbus

Alzheimer’s Association, Liss was also on the Ohio Governor’s Task Force on Alzheimer’s

Disease. He was the medical director of the Columbus Alzheimer Care Center for the

past 21 years. He was a professor emeritus of the Ohio State University Department of

Pathology and served as a professor in the Departments of Pathology, Neurology, Psychiatry, and Veterinary Medicine. Liss authored or co-authored over 250 papers and

abstracts as well as authoring chapters in medical texts about aging and dementia along with organizing symposia on Alzheimer’s disease. He was honored with numerous

awards including the Genesis Award from the National Alzheimer Association; Educator of the Year from the Ohio Network of Educational Consultants; Distinguished Research Leadership Award from the Ohio Research Council on Aging; and Humanitarian Award from the Alzheimer Disease Association, Miami Valley Chapter.

New Publications by Members

• “Gerontology, Fourth Edition: Perspectives and Issues”, edited by GSA Fellows Janet

Wilmoth, PhD, and Kenneth Ferraro, PhD. Published by Springer Publishing (April


• “Health Promotion and Aging, Sixth Edition: Practical Applications for Health

Professionals,” by GSA Fellow David Haber, PhD. Published by Springer Publishing


Members in the News

• GSA Fellow Ali Ahmed, MD, MPH, was the topic of an article that appeared in

McKnight’s Long-term Care News and Assisted Living on March 13 regarding the

drug digoxin. In 1997, a study showed the drug did not lower death rates. However,

Ahmed led a group of researchers to reexamine the 1997 study and found trial group members on digoxin were 34 percent less likely to be admitted to the hospital within a 30-day period than those not on the medication. Half of the 6,800 people in the

1997 trial group were 65 or older.

• GSA Fellow Karl Pillemer, PhD, was quoted in a medicalexpress.com article

regarding his April 3 Harvard University presentation on the creation of the Legacy

Project, a study of almost 1,500 people ranging from their 70s to over 100, who

shared their wisdom about life. His work resulted in the 2011 book “30 Lessons for

Living: Tried and True Advice from the Wisest Americans.”

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members.

The current spotlight shines on: Qiushi Feng, PhD

Visit www.geron.org/Membership/member-spotlight to ask questions and read previous interviews.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: James Kirkland, MD, PhD

The recipient, who became eligible after referring new member Allyson Palmer, was randomly selected using randomizer.org.

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

Miles Takes University of Georgia Post

GSA Fellow Toni Miles, MD, became the director of the University of Georgia’s Institute of

Gerontology in the College of Public Health, on August 1, 2012. Miles replaced Leonard Poon,

PhD, a fellow of GSA and the Association for Gerontology in Higher Education who recently

retired after serving as the institute’s director for 26 years. Miles’ expertise includes a broad

spectrum of experience in geriatric medicine, public health, and health care policy, with a focus on improving primary care delivery to older adults. In 2009, as a health and aging policy fellow, she served on the U.S. Senate Finance Committee during the development of the Patient Protection and Affordable Care Act, and she continues to assist state agencies and professional organizations as they implement various

components of the landmark health care reform legislation. In 2012, her analysis, “Health Reform and Disparities: History, Hype, Hope,” was

published by Praeger. Miles previously served as a tenured professor at the University of Louisville with joint appointments in the School of

Medicine and the Kent School of Social Work.

Carey Discusses Fruit Flies

GSA Fellow James R. Carey, PhD, presented an April 3 seminar at the University of California,

Davis, titled “From Trickle to Flood: The Large-Scale, Cryptic Invasion of California by Tropical

Fruit Flies,” Carey, the former vice chair of the university’s Department of Entomology, focuses his

research on insect demography, mortality dynamics, and insect invasion biology. He served on the

California Department of Food and Agriculture’s Medfly Scientific Advisory Panel from 1987 to 1994,
testified to the California Legislature Committee of the Whole in 1990 on the Medfly Crisis in


Freund Gives Keynote at Oklahoma

Conference

Katherine Freund, MA, founder and president of ITNAmerica, delivered the keynote address on

May 22 at the 38th annual Oklahoma Conference on Aging, “The Road to Aging Well: Enjoy Your

Trip.” It is the state’s largest conference on aging. ITNAmerica provides a solution to transportation

difficulties faced by people who are older and people with disabilities.
Washington, DC, certainly has more than its share of coalitions. Some of them you will recognize from this column and from your work: the National Coalition on Care Coordination, the Coalition to Transform Advance Care, the Medicaid Coalition, the National Coalition on Health Care, the Friends of National Institute on Aging. Coalitions encompass diverse topics, from the National Coalition for the Homeless to the Future of Music Coalition. And some are oddly specific — the Coalition to Save Our GPS?

Why are coalitions so prevalent in DC? Because with the proper leadership, organization, and funding, they can efficiently and effectively make progress on common goals. A coalition is generally a group of organizations that have similar or overlapping goals and interests. Groups often join forces to fight a common threat, such the Endangered Species Coalition.

Coalitions can be more or less formal or institutionalized. Some coalitions have membership dues, staff, and boards of directors. There's not enough space here to describe the inner workings of coalitions, such as the policies about leadership, principles, taking stands on positions, and the inevitable “politics” that accompanies all human interaction. What we do know is that coalitions can often be quite effective in the public policy arena. Coalitions around the estate tax, the homeless, domestic violence, elder abuse, and civil rights have been successful locally and nationally, and I have had the pleasure to be part of some.

Two of the coalitions in which GSA participates are the Leadership Council of Aging Organizations (LCAO) and the Friends of the National Institute on Aging (FoNIA). The LCAO has grown from a few organizations in 1980 to a coalition of 68 currently. The LCAO has a rotating chairmanship, a list of governance and procedures, a website, and membership dues. The LCAO takes stands on many aging issues, including Medicare and Medicaid, Social Security, health care reform, the budget and appropriations for the National Institutes of Health (NIH), geriatric education, and other health and aging programs.

FoNIA is a broad coalition of more than 45 organizations promoting the research and training missions of the NIA. FoNIA advocates for funding and public policies to support NIA's research goals and works to advance public awareness and understanding of the promise and possibilities of aging and health research.

I decided to find out the true impact of coalitions from a trusted source: Linda Harootyan, GSA's Deputy Executive Director. She was in on the ground floor of the formation of the LCAO and FoNIA, and currently serves as FoNIA’s chair.

**Brian:** Please tell me your general thoughts on coalitions.

**Linda:** We have had great experiences with coalitions — there are a number of benefits. They have helped us to have a bigger voice and a greater impact. You often have the opportunity to work with organizations that are larger and have more staff and resources. Being in a coalition helps the staff of the smaller organizations keep up on the issues and to find out what’s important within the network.

For example, one of the coalitions that GSA helped to start was the LCAO. We don’t have a lot of resources to have legislative staff. But there are organizations in the LCAO that have the staff and resources to share information and to take action beyond what we would be able to do. In addition, we expand our knowledge and understanding of overlapping or adjunct issues, beyond what we would normally be involved in. The quid pro quo is that we get some interest from the other coalition groups on the issues we care about. It’s not always easy to get people behind supporting research. Through the education process that takes place within the LCAO network, we have been able to make some progress getting broader support for research, particularly in the budget discussions.

**Brian:** By supporting others’ interests and them supporting you, in a coalition, you all gain knowledge and strength in numbers.

**Linda:** Exactly. That’s one of the major benefits of working closely with like-minded groups. On the other hand, we do have to grapple with the problem that inevitably arises when a cause or an issue is too big a stretch from our mandate and our mission. We have to know our limitations and know who we are. It’s kind of a fine line for us. We are non-partisan and we are supposed to bring research to bear on public policy, so you know, we have to be keep a bit of a distance. I think we get behind enough of what LCAO does, probably more than what some groups do.

**Brian:** You've played many roles on the LCAO, especially in leading membership. And now you are leading Friends of NIA.

**Linda:** Yes, I serve as chair of the Friends of the National Institute on Aging, one of GSA’s most important coalitions. I am really enjoying it, although I wish I had more time; there’s a lot more to be done than I have time to do. It is gratifying that [NIH Director] Francis Collins appreciates our work because, as he has said, he really likes it when groups coalesce so that there is one group visiting him, and he is not hearing from ten different organizations who have not thought through issues together. He doesn’t have to figure out where is the intersection of all of these organizations.

**Brian:** Could you say a little bit more about what your goals are for FoNIA?

**Linda:** First, I asked NIA, what are the best examples of NIA work that we can point to in our efforts to advocate for NIA that are
really amazing and cutting edge? And NIA has done a great job of honing in on the major things that are happening in terms of research. The other thing I have suggested is that FoNIA give a regular report at the NIA Advisory Council so that the council knows what is going on out here to help NIA. Also, we are talking a lot about messaging. The messages are not the same anymore. Everyone is going up to the Hill saying, “We can’t lose this money, because of this and that.” How are we going to communicate differently? I think this is a challenge for anybody trying to advocate, whether it’s a coalition or an individual organization. How do we get the attention and make a case? It’s a huge challenge but we are working on it.

Brian: Just using the coalition to figure out how your messaging should evolve is a huge benefit to having a coalition. You’re not all out there trying to figure it out for yourselves and then sending mixed messages to congressional staff.

Linda: I agree. Also, I have realized that we tend to focus too much of our time with our “friends” on the Hill — people who are already on our side, so to speak. It’s easier to go to the people you can bank on. Therefore, I would like to identify the policy makers, such as Republicans in the House and Senate that FoNIA needs to have conversations with, to talk about why an investment in NIA is so important to all Americans and to their states and districts. We have got to be smarter about what we say and to whom. Our issues should not be partisan.

Brian: Have you ever been in a coalition where you felt that you had to get out of it, that you started going to meetings and you realized that it wasn’t going to be right for GSA to be involved?

Linda: No, not that I can think of. You have to pick which coalitions you belong to. As a small organization, we cannot be going to meetings all the time.

Brian: So even if some of your members really care about Medicaid and do research on it, you can’t be part of the Medicaid Coalition and attend all the meetings and report everything to them.

Linda: Exactly. And that’s why it’s valuable for us to have a policy consultant. You are part of a lot of discussions and coalitions and you can advise us when it makes sense to join with others.

Brian: We touched on what makes an effective coalition. The flip side is have you seen a coalition not be beneficial for its members?

Linda: I think it’s a dilemma. I have been involved in LCAO since 1980 and I have seen it change and grow. Is bigger better? It used to be that all of the LCAO members were only organizations that were directly relevant to aging. And now we have so many diverse interests and specific interests — does it water down what we are trying to do? Something [former LCAO Chair] Sheldon Goldberg said one time remains in my head: “We have got to let go of that little piece of territory; it’s about older people, it’s not about protecting our organization.” And I think that’s a danger, coming together, now, people are more invested in protecting their piece of the pie and they forget what it’s all for.

Brian: Perhaps it is inevitable that there will be divisions within even cohesive coalitions.

Linda: I suppose so. It’s all a matter of balance. You do not want to be too narrow in a coalition and you don’t want to be overly broad in the issues you support. For example, GSA is part of Leaders Engaged on Alzheimer’s Disease. There’s no question that Alzheimer’s research is a huge need. We want and need to find a cure for it. There are other areas of research that could make a huge difference, too, in the lives of older people and their families. And there are the caregiving issues, and those of chronic illness. So we are always trying to find the balance, even within a coalition and try to help open up the discussion.

Brian: With what other organizations does GSA work closely?

Linda: Research!America is not a coalition but it’s an organization that is generous in sharing its information. When they do alerts, our members can immediately get involved in the issue which is usually about NIH research. Another group, the Federation of American Societies for Experimental Biology, has a great website [www.faseb.org] where they have broken down NIH money by state and congressional district. You can see exactly how much money each state is getting from NIH and which institution or university is getting it.

Brian: This is extremely useful when GSA members make visits to their congressional delegations.

Linda: Yes, it’s very nice to know you can turn to others who have resources that you can piggy back on, like an informal coalition.

Brian: That’s an interesting distinction — a group of organizations who share information but aren’t a formally structured group.

Linda: Yes, the Consortium of Social Science Associations is like that. It is an advocacy organization specifically focused on social sciences. We don’t belong to it but its newsletters are very helpful.

Brian: Thank you, Linda, for your time today.

So there you have it from Linda Harootyan, a 30+ year veteran of Washington, D.C. — its coalitions, egos, and policy making. Linda embodies the kind of team player one wants to work with in a coalition. She is great at listening, sharing, and supporting, yet she knows how to get what GSA needs from the coalition relationship.
Report Examines Americas’ Nurse Migration

“Strengthening Health Systems in North and Central America: What Role for migration?,” a new report sponsored by the Migration Policy Institute, seeks to draw attention to the cross-border migration in the Americas and suggests ways the migration could be managed to meet the demand for health care services in the region. The report, co-authored by Allison Squires, PhD, RN, and GSA member Hiram Beltrán-Sánchez, PhD, focuses on nursing personnel in a comparative case study, which looked at health care services and human resources in five countries — El Salvador, Guatemala, Honduras, Mexico, and the U.S. — to identify constraints on health care capacity. It examines the health care sector in each country by reviewing their health care systems, demand for services, epidemiological profiles, and demographics. The report, divided into sections, begins by providing general background information on the health care sector in each country. Section 2 explores the international, multibillion-dollar phenomenon of nurse migration and highlights the contributions of internationally educated nurses to the U.S. health care system. Section 3 reviews the major health care issues in each country, discussing how changing demographics and epidemiological profiles increase the demand for services and how nursing services can meet this new demand. The report concludes with eight recommendations for fostering migration as a way to meet health care demand in all the study countries. These include investments in educational systems, ways to facilitate the credentialing of nurses across borders, developing visas based on improving language concordance between nurses and patients disproportionately affected by health disparities, integrating transitional educational programs as part of the credentialing process for internationally educated nurses, and ways to capitalize on “hidden nurses” of Hispanic heritage who are currently living in the U.S. who have the potential to contribute to health disparities reduction. The study group’s mission, membership, and research can be found at: www.migrationpolicy.org/regionalstudygroup.

New Quality Palliative Care Guidelines Issues

The National Consensus Project has released the third edition of the “Clinical Practice Guidelines for Quality Palliative Care,” a resource that reflects the maturation of the field, health care reform, quality outcomes, and evidenced based palliative care research. This document incorporates important quality assessment and improvement initiatives into palliative care, and describes the comprehensive care necessary for patients at the end of life. The guidelines emphasize the patient family centered focus of palliative care, promoting access to palliative care across all patient populations and all health settings. There is expansion of composition and necessary education of the interdisciplinary team beyond chaplaincy, medicine, nursing, pharmacy, and social work to include rehabilitation therapists, respiratory care, and other therapies. The National Consensus Project for Quality Palliative Care is a task force of the National Coalition for Hospice and Palliative Care, a consortium of four national palliative care organizations: the American Academy of Hospice and Palliative Medicine, the Center to Advance Palliative Care, the Hospice and Palliative Nurses Association, and the National Palliative Care Research Center. Participating members are the Hospice and Palliative Care Organization and the National Association of Social Work. The guidelines were updated in a collaborative process with representation from the National Consensus Project for Quality Palliative Care members. They have been endorsed by 53 diverse organizations and associations, representing various health care disciplines and community constituents. GSA member Karen B. Hirschman, PhD, MSW, served as a reviewer of this publication on GSA’s behalf. The guidelines can be downloaded free of charge its full text version at www.nationalconsensusproject.org.

OTC Awareness Campaign Emphasizes Early Education

Sixth grade marks the start of middle school for many American 11-year-olds. Research also indicates that it is the age that children begin to self-medicate. With that in mind, Scholastic and the American Association of Poison Control Centers (AAPCC) have launched OTC Literacy, an educational campaign to raise awareness about over-the-counter medicine safety. The program is tailored to sixth graders and emphasizes that while OTC medicines are safe when used properly, it is critical to consult a parent or guardian before taking any medication. Deborah Carr, PhD, is a GSA fellow and the executive director at AAPCC. Nearly 70,000 teachers and school nurses nationwide have received free resources and tools to help students identify the differences between prescription and OTC medications, read information on the OTC Drug Facts Label, recognize unsafe situations involving OTC medicines, and use problem-solving skills to brainstorm solutions. Educators and parents can download all of the OTC Literacy materials at www.scholastic.com/OTCLiteracy.

Article Offers Resource to Advance Pain Care

A recently published article in Pain Medicine, “Core Competencies for Pain Management: Results of an Interprofessional Consensus Summit,” represents a consensus developed by a working group funded by the Mayday Fund and chaired by Scott Fishman. The article categorized consensus-derived competencies within four domains: multidimensional nature of pain, pain assessment and measurement, management of pain, and context of pain management. Complexity of pain, and how pain is observed, assessed, and treated are addressed by these domains. More information about the Interprofessional Pain Management Competency Program is available at www.ucdmc.ucdavis.edu/paineducation.
There are many career opportunities in gerontology beyond academia. Perhaps you want to conduct research but do not want to teach or enter the tenure track system. Maybe you are interested in working in a more applied setting. Your skills may be more oriented to consulting or administration. You may be concerned about work life and family life balance and seek a more 9-to-5 type job. For a number of reasons, your career search may lead you beyond the university setting. If so, there are many options available to you given how multi-disciplinary our field of gerontology is.

**Teaching**

If you want to teach, but want to do so outside of the demands of achieving tenure, you could think about working as an adjunct lecturer to a college or university, at a community college, or an extension school. Teaching on-line courses is a growing option as well. Within the clinical setting there also exist a number of opportunities for teaching: look for teaching/educational opportunities within medical schools and programs (e.g., nursing, dental, physical therapy, etc.), hospital grand rounds, or clinical research training programs.

**Research**

You could work within a university as a research associate in an affiliated research or policy institute. The chance to do research as a living also does not have to occur just within a university’s walls. Have you considered the plethora of think tanks that specialize in long-term care (e.g., Alliance for Aging Research) or that include long-term care as one of their many topics of interest (e.g., RAND, Mathematica, etc.)?

**Direct Care**

If you’re interested in working directly with elders and their families, you could consider providing medical, nursing, rehabilitation therapies, psychological and social services, hospice care, or case management in a variety of settings. That could include working within home- and community-based services or long-term care facilities. In addition to such clinical work, you could develop enrichment activities for elders in the community (e.g., intergenerational programs). You could also serve as an advisor to elders on their legal, financial, and living arrangements.

**Non-Profits**

Non-profit groups represent another source of employment for gerontology experts. Locally-based organizations (e.g., Jewish Family & Children’s Service) provide an opportunity to provide clinical and social services to the aging and their relatives, training to the direct care workforce, and advocacy for the elderly. Non-profit membership organizations at the national level for elders (e.g., AARP) and for gerontology professionals (e.g., our very own GSA) employ staff to promote research, education, policy, and advocacy activities.

**Government Agencies**

You could be an analyst or an administrator within a government agency. By looking at the Administration on Aging website (www.aoa.gov), you can find links for relevant national, state, and local agencies. Other federal agencies to consider for employment would be the Centers for Medicare and Medicaid Services, the Department of Veterans Affairs, the National Institute on Aging, and the Social Security Administration. On the state and local level, departments of aging could allow you to develop, implement, and assess programs and service delivery systems for elders.

**Business and Industry**

Perhaps you have not yet considered the possibility of working in the for-profit world. You may thrive in a fast-paced environment where innovation is paramount. You may feel the pressures of needing a relatively higher-paying salary. If so, you may entertain the idea of serving as a researcher or consultant on aging issues for a marketing research firm, a management consulting firm, a pharmaceutical company, a health care corporation, or an insurance company.

**Product Development**

Another interesting avenue would be applying your skills and knowledge to product development for older adults. With a background in architecture, you could help to advance independent living and home-like environments in long-term care institutions. Some of us are trained appropriately to be able to design products for those with disabilities (e.g., assistive devices for low-vision, for reduced hearing, for mobility issues, etc.).

**Volunteering**

And, of course, advocacy can naturally take place within your personal life, whether you volunteer in some capacity to serve elders or aid aging family and friends. One volunteering option is to become an ombudsperson within a long-term care facility (for more information, please see: http://www.ltcombudsman.org/about-ombudsman/becoming-a-volunteer-ombudsman).

Determining which career option is right for you is a process. You will need to know your own strengths and weaknesses and preferred working environment. Obviously, knowing these comes partially from work experience. But there are further steps you can take to learn what kinds of employment match your personal qualities. Beyond doing research on job types on the Internet, you could take a career placement test, conduct informational interviews with individuals who work in fields you are interested in, and even shadow such individuals while they go through their work day. Such homework on your end will pay off by ensuring a good fit between you and your prospective employment environment and by helping you feel more secure in your decision. Then hit the job search engines — GSA’s AgeWork (www.agework.com) is a great place to start!
Careers in Aging Week exists to increase the awareness and visibility of gerontology-related vocational opportunities. It is sponsored every April by GSA and its educational branch, the Association for Gerontology in Higher Education (AGHE). Support also is provided by the Hartford Geriatric Social Work Initiative, which GSA administers. Universities and colleges participate by hosting events at their schools or in their communities. These activities may include guest speakers, career fairs, poster sessions, video presentations, panel discussions, and receptions.

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

The Kansas State University Center on Aging hosted its Second Annual Amazing Careers in Aging Race. Inspired by the hit show “The Amazing Race,” six teams of students from various majors across campus competed in mental and physical challenges sponsored by four local aging-related businesses.

St. Catherine University’s events, organized by a team of social work, occupational therapy, and physical therapy faculty and students, were held both on campus and online. The week started with a lunch poster session about research, practice, and teaching in the field of aging. For example, social work students presented their clinical master’s degree research projects, while occupational therapy students presented a service learning project on home modifications. The virtual component consisted of short videos produced by physical therapy faculty showing interviews with representatives of various health professions about their work with older adults.

The St. Cloud State University Gerontology Program organized an open house gathering for students, faculty, and community partners; inducted new members into the Beta Zeta Chapter of Sigma Phi Omega, the national academic honors and professional society in gerontology; and co-sponsored a campus-wide presentation on advance care planning. Additionally, students hosted an informational kiosk in the student center throughout the week to promote careers in aging.

Washington University in St. Louis, St. Louis University, and the University of Missouri-St. Louis formed a city-wide collaboration that sponsored several activities: a panel discussion on the transition from college to aging career; a site visit to Hidden Lake, a continuing care retirement community; a breakfast panel discussion with service providers in the aging community; and a film screening of “The Best Exotic Marigold Hotel” followed by a discussion panel.

The University of Iowa Aging Studies Program — in collaboration with colleagues at Iowa State University, The University of Northern Iowa, and the Des Moines Area Community College — developed and delivered a five-part webinar series targeted at community college and university students in

Save the date for next year’s Careers in Aging Week: April 6 to 12, 2014
Virginia Commonwealth University

The series highlighted careers in nursing, social policy, speech and language therapy, residential setting management, and social work. Recordings of the webinars are available at www.uiowa.edu/~socialwk/agingstudies.

The University of Nevada, Reno Gerontology Academic Program and the Sanford Center for Aging, in collaboration with Associated Students for Gerontology, hosted four events, attracting more than 90 students. Thematically titled “How I Met My Career!,” a festival of films celebrated older adults while challenging stereotypes about growing older; two roundtable sessions with 14 professionals and a panel of 5 graduates from the Gerontology Academic Program talked with students about their careers in gerontology; and an art show displayed paintings by local artists with Alzheimer’s disease.

Visit www.careersinaging.com for more information!

“With the support of the Careers in Aging Week Award, we were able to reach a much wider audience, form interdisciplinary relationships across careers in aging, and educate participants on gerontology. Thank you once again for your support!”
— Steven Mudroch, Medical College of Wisconsin

Congratulations to the Recipients of the 2013 Careers in Aging Week Awards!

Florida State University School of Social Work*
Georgia State University Gerontology Institute*
Hood College Departments of Psychology and Social Work*
Hunter College Aging Field of Practice*
Iowa State University Sigma Phi Omega, Gerontology Department
Kansas State University Center on Aging
Mansfield University Applied Social and Behavioral Sciences*
McDaniel College The Center for the Study of Aging
Medical College of Wisconsin Department of Medicine
New York University Silver School of Social Work, Gerontology Student Collective*
Portland Community College, Sylvania Campus Gerontology Department
Portland State University Institute on Aging
San Francisco State University Gerontology Program
The Richard Stockton College of New Jersey Gerontology Department
University of California, Berkeley Public Policy Department*
University of Hawaii at Manoa Family and Consumer Sciences*
University of Washington School of Social Work, campus-wide Gerontology Interest Group*
Washington State University in Vancouver Human Development Department
Washington University in St. Louis, St. Louis University, and University of Missouri-St. Louis Social Work Collaboration*
Western Illinois University Psychology Department
Western Oregon University Gerontology Department, Sigma Phi Omega
York College of Pennsylvania Behavioral Sciences Department

*GSA and AGHE gratefully acknowledge the Geriatric Social Work Initiative for providing grant support for schools of social work around the country. Other grants were made possible through the GSA Innovation Fund. The institutions are carefully selected through a competitive application process overseen by a multidisciplinary review team.
Experts Examine Mediterranean Diet’s Health Effects for Older Adults

According to a study published in the *Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, a baseline adherence to a Mediterranean diet (MeDiet) is associated with a lower risk of hyperuricemia, defined as a serum uric acid (SUA) concentration higher than 7mg/dl in men and higher than 6mg/dl in women.

Hyperuricemia has been associated with metabolic syndrome, hypertension, type 2 diabetes mellitus, chronic kidney disease, gout, and cardiovascular morbidity and mortality. The MeDiet is characterized by a high consumption of fruits, vegetables, legumes, olive oil, nuts, and whole grain; a moderate consumption of wine, dairy products, and poultry; and a low consumption of red meat, sweet beverages, creams, and pastries. Due to its antioxidant and anti-inflammatory properties, the MeDiet might play a role in decreasing SUA concentrations.

Conducted by Marta Guasch-Ferré and 11 others, this study is the first to analyze the relationship between adherence to a MeDiet in older adults and the risk of hyperuricemia. The five-year study looks at 7,447 participants assigned to one of three intervention diets (two MeDiets enriched with extra virgin olive oil or mixed nuts, or a control low-fat diet). Participants were men aged 55 to 80 years and women aged 60 to 80 years who were free of cardiovascular disease but who had either type 2 diabetes mellitus or were at risk of coronary heart disease.

Several findings from the study demonstrate the positive health effects of a MeDiet in older adults: rates of reversion were higher among hyperuricemic participants at baseline who had greater adherence to the MeDiet; consuming less than one serving a day of red meat compared with higher intake is associated with 23 percent reduced risk of hyperuricemia; consuming fish and seafood increased the prevalence of hyperuricemia; drinking more than seven glasses of wine per week increased the prevalence of hyperuricemia; consuming legumes and sofrito sauce reduced the prevalence of hyperuricemia; reversion of hyperuricemia was achieved by adherence to the MeDiet alone, without weight loss or changes to physical activity.

Insomnia May Be Linked to Future Hospitalization, Increased Health Service Use

Having trouble falling or staying asleep? Insomnia may be an important indicator of future hospitalization among middle-aged and older adults, according to a new study published online in the *Journals of Gerontology Series A: Biological Sciences and Medical Sciences*. A team led by researchers at the Johns Hopkins Bloomberg School of Public Health examined the association between insomnia and use of home healthcare services, nursing homes, and hospitalization, and found that insomnia symptoms experienced by middle-aged and older adults were associated with greater future use of costly health services.

““In a large representative sample of U.S. middle-aged and older adults, we found that individuals with a greater number of insomnia symptoms were more likely to be hospitalized, and to use home healthcare services,” said GSA member Adam Spira, PhD, senior author of the study and an assistant professor with the Bloomberg School’s Department of Mental Health. “Over 40 percent of our sample reported at least one insomnia symptom, consistent with previous studies that showed insomnia to be very common in this population. If the association between insomnia symptoms and health service utilization is causal, our findings would suggest that the prevention of insomnia could decrease health service use by 6 to 14 percent in this population.”

According to the National Institutes of Health, insomnia is the most common sleep complaint at any age and affects almost half of adults ages 60 and older. Insomnia symptoms include difficulty falling asleep, staying asleep, or both, and individuals with insomnia often report getting too little sleep, having poor sleep quality and not feeling refreshed when they wake up.

Lead author and GSA member Christopher Kaufmann, MHS, and his colleagues examined the association between insomnia symptoms and reports of health service utilization using data from the Health and Retirement Study. Participants were asked how often they experienced trouble falling asleep, trouble with waking up during the night, trouble with waking up too early and not being able to fall asleep again, and how often they felt rested when they woke up. Researchers evaluated health care utilization in 2006 and respondents were asked questions about their use of several health services two years later, including whether they were hospitalized, used home health care services, or were placed in a nursing home. Participants’ demographic characteristics as well as current or previous medical conditions were also recorded.

“We found that there was a statistically significant relationship between the report of insomnia symptoms and the future use of costly health services,” said Kaufmann, a doctoral student with the Bloomberg School’s Department of Mental Health. “A relationship was even found between insomnia symptoms and hospitalization as well as use of any of the three health services after accounting for common medical conditions and elevated depressive symptoms. These results suggest that treating and carefully monitoring insomnia symptoms in middle-aged and older adults might somewhat reduce the use of health services and presumably the poor health outcomes that necessitate these services.”
NIH Grants Focus on Short Courses in Behavioral, Social Sciences

The National Institutes of Health Office of Behavioral and Social Sciences Research and several participating institutes and centers have issued a funding opportunity announcements for grants to develop, implement, evaluate, and disseminate short courses in innovative methods for behavioral and social sciences research. Methodological domains include but are not limited to experimental design, data collection, measurement, and data analysis and visualization. Applications are due July 3. Visit grants.nih.gov/grants/guide/rfa-files/RFA-OD-13-009.html for more information.

Geoffrey Beene Foundation Offers New Innovation Challenge

The Geoffrey Beene Foundation Alzheimer’s Initiative has issued the 2013 Geoffrey Beene Global NeuroDiscovery Challenge. This is the foundation’s second online innovation challenge, but the first to ask solvers to identify male/female differences in early cognitive decline to promote earlier interventions for both women and men. Winning submissions will share $100,000 in prize awards. A panel of judges from the Alzheimer’s Drug Discovery Foundation, the Society for Women’s Health Research, Johns Hopkins Medicine, Carnegie Mellon University, Columbia University, and 23andMe will review submissions for scientific merit and innovation. Up to five finalists will receive awards of $10,000 or more. From those, one winning solution will be chosen to receive $50,000, announced in late fall 2013. Technical support for the challenge is provided by the National Institute on Aging (NIA). From 2000 to 2010, Alzheimer’s deaths rose 68 percent. In addition to the enormous physical and emotional burden on patients, families, and caregivers, the disease is also costly. Alzheimer’s and other forms of dementia in the U.S. cost up to $215 billion annually, according to a new RAND Corporation study funded by the NIA and published in the New England Journal of Medicine. For more information or to enter the challenge, visit www.geoffreybeene.com. Proposals will be accepted through August 31.

Health & Society Scholars Program Welcomes Applications

The Robert Wood Johnson Foundation is accepting applications for the 2013 Health & Society Scholars program, which provides two years of support to postdoctoral scholars at any stage of their careers to build the nation’s capacity for leadership and research that addresses the multiple determinants of population health and contributes to policy change. Up to twelve scholars will be awarded $80,000 annually for two-year appointments beginning in the fall of 2014. Scholars will be trained to investigate the connections among biological, genetic, behavioral, environmental, economic, and social determinants of health, and will be expected to develop, evaluate, and disseminate knowledge, interventions, and policies that integrate and act on these determinants to improve health. To be eligible, scholars must be U.S. citizens or permanent resident green card holders at the time of application and must not be receiving support from other research fellowships/traineeships when they begin the program. In addition, they must have significant research experience and have completed doctoral training by the time of entry into the program (September 2014) in one of a variety of fields, including but not limited to the behavioral and social sciences, the biological and natural sciences, the health professions, public policy, public health, history, demography, environmental sciences, urban planning, and engineering. Scholars must connect their research interests to substantive population health concerns. The online application system will be available at www.healthandsocietyscholars.org from July 17 through September 20. See the Robert Wood Johnson Foundation website at www.rwjf.org for eligibility and application guidelines.

AHRQ Seeks to Address Health Disparities

The U.S. Agency for Healthcare Research and Quality (AHRQ) has issued a request for proposals that aims to identify strategies to engage stakeholders through shared decision making that can be used to effectively implement interventions specific to health care delivery systems, clinicians, and/or patients that focus on the reduction of racial/ethnic healthcare disparities in under-resourced settings. The effective strategies will incorporate the translation, dissemination, and implementation of patient-centered outcomes research findings for racial/ethnic minority populations. Successful applicants are required to demonstrate an ability to leverage the capacities of relevant and diverse stakeholders in their strategies to reduce healthcare disparities in under-resourced settings. Proposals are due August 1. More information may be obtained at grants.nih.gov/grants/guide/rfa-files/RFA-HS-13-010.html.
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China to Subsidize Services for Older Adults

China’s government is offering subsidies to older adults that are unable to pay for needed services. Those who are unable to live alone or need rehabilitation and nursing services will be offered government assistance based upon their degree of dependency. The government will also have dedicated subsidies for elders who are living in poverty to allow them to live in nursing homes, or receive services offered in the community. The director of the ministry’s social welfare and charity promotion department reported that there have been 18 local governments that have piloted these policies, according to the *China Daily* on May 2. It is reported that there are 36 million older people who cannot live alone in China, which is nearly one-fifth of its age 60-plus population.

Macao Set to Establish Service Plan for Aging Population

The Elderly Affairs Committee in Macao held its first plenary meeting of the year in April, reported the *Macao Daily Times* on April 18. The group is working to establish security and systems for services for older adults. The study group has the goal of providing a holistic approach to address the aging population, and to ensure quality senior years. Health care, housing, and retirement protection for this age group will be reviewed and any areas of shortages in current services will be identified. Within the next two to three years, a plan for older adult services for the years 2016 to 2025 will be released.

Ireland’s Pension Plan May Require Enrollment

The Organization for Economic Co-operation and Development recent began a review of the Irish pension provision regarding Ireland’s position on the pensionable age. Currently, the pension age is 66 years, and is supposed to rise to 67 by 2021 and then to 68 years by 2028. The increase in age and potential required enrollment, as compared to auto-enrollment, in private pensions is to make sure the pension provision is sustainable and able to cover future pensioners, as reported by *The Irish Times* on April 23. It is reported that just 51 percent of workers between the ages of 20 and 60 have pension coverage. The Minister for Social Protection, who commissioned the report, indicated that the goal was to ensure older people have a safe and sufficient income throughout their retirement. The document, titled “Review of the Irish Pension System,” recommends that public workers move away from the current final-salary pension scheme and that all private sector workers be required to invest in private pensions.

Continued from page 1 - Clark Selected as New Orleans Keynote; Registration Now Open

U.S. markets. In addition, he is currently managing a national study focused on quantifying the consumer dreams and aspirations of the older adult population.

“The era of ‘the new mature consumer’ isn’t coming, it’s here,” Clark said. “I feel strongly that gerontology has a bright and highly relevant future if — and it’s a big ‘if’ — we become ever more expert at making our detailed knowledge of the older person actionable,” Clark said.

GSA’s Annual Scientific Meeting will take place from Wednesday, November 20, to Sunday, November 24. Clark’s talk will take place on the morning of Thursday, November 21.

All meeting sessions will take place at the Sheraton New Orleans Hotel or the New Orleans Marriott. GSA has secured discounted room rates at both properties, which are located on Canal Street adjacent to the city’s French Quarter.

GSA’s Program Committee has generated many plans to make the New Orleans meeting a unique experience. In the coming months, *Gerontology News* will contain details on all the special guests and activities.
The University of Maryland School of Medicine seeks a full-time faculty member at the Associate or Full Professor rank to be the inaugural Director of the Program for Aging, Trauma, and Emergency Care (PATEC). The Director will draw on outstanding campus resources to create an interdisciplinary translational research center of excellence dedicated to ground-breaking research to improve older adults’ trauma and emergency care outcomes.

The successful candidate for the position should have a PhD and/or MD degree with substantial experience conducting interdisciplinary research, a solid record of extramural research funding, and demonstrated leadership capabilities. Candidates from all disciplines are welcome to apply.

Compensation and support will be competitive. Applications of a cover letter, CV and the names of three references should be submitted to lklein@epi.umaryland.edu. Confidential correspondence related to this position may be directed to Jay Magaziner, Ph.D., M.S. Hyg., chair of the search committee at 410-706-2406 or jmagazin@epi.umaryland.edu. A full job description can be found at http://medschool.umaryland.edu/epidemiology/PATEC.asp

The University of Maryland, Baltimore is an Equal Opportunity, Affirmative Action Employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply.
Nigeria Launches Pilot Gerontology, Geriatrics Programs

Ten universities in Nigeria soon will be offering gerontology and/or geriatric pilot programs to their students. The country’s National University Commission (NUC) completed a curriculum review of universities and determined that gerontology and geriatric studies will address the growing aging population in Nigeria. The NUC had a meeting with selected universities to approve the aging studies project and to begin curriculum development and to discuss the structure of these programs. The demand for special services for older adults has been growing due to the rise in the aging population. Since the health care delivery and social security of the older adult population was limited, the NUC determined that a structured and dedicated health and support system that would be able to provide the necessary service delivery to the older population was necessary. Nigeria is projected to be among 11 countries with the highest population of older people, as reported by the NUC. The introduction of these gerontology and geriatric programs is expected to address the various challenges that are often associated with aging, such as health care delivery, health and well-being issues, and the need for security and supportive environments.

Youngstown State Adds Master’s Degree Program

Youngstown State University (YSU) is launching a new master’s degree program in gerontology to address the growing needs of the increasing aging population across the region and the nation. The YSU program, the only one of its kind in eastern Ohio and western Pennsylvania, will enroll up to a dozen students per year beginning August 2013 and will offer flexible evening, online, and hybrid courses. The program is designed for individuals interested in pursuing research-related careers in gerontology or in advancing in the gerontology field. The degree takes an interdisciplinary approach and allows students to study aging from a variety of perspectives, including biological, psychological, and sociological. The number of older Americans is increasing, and many are concentrated in the Ohio/Pennsylvania region. Nationally, about 13 percent of the U.S. population is 65 or older — about one in every eight Americans. At 14 percent, Ohio has the sixth largest population of older adults in the U.S. For more information on the program, visit web.ysu.edu/gen/class/M.A._in_Gerontology_m1155.html. GSA member Daniel Van Dussen, PhD, is an associate professor and the director of gerontology at YSU.

Lipscomb Expands Certificate Options

This fall, Lipscomb University’s School of TransformAging will introduce two new graduate certificate programs: Pastoral Care and Aging and Serving the Aging Consumer. These programs will complement the existing Aging Services Leadership graduate program, which has produced over 40 graduates. The School of TransformAging was established in 2011 to create a dynamic blend of academic offerings for students pursuing formal education and for individuals seeking career development; and to serve the community through targeted outreach and applied research initiatives.

Continued from page 1 - Senate Demonstrates Value of Aging Programs, Technologies

The budgets for these and many other OAA programs were cut this year by the federal budget sequestration. Moving forward, Sanders’ proposed bill would also require the Bureau of Labor Statistics to create a more accurate way to measure seniors’ living expenses, which would be used to develop more accurate annual cost-of-living adjustments for Social Security recipients. The bill’s other provisions to help seniors include improved job training services for seniors, expanded support for caregivers and added protections against elder abuse.

“The Older Americans Act is long overdue for reauthorization,” said Senator Richard Blumenthal (D-CT). “We can’t wait any longer for more Americans to become old before we reauthorize this. It is an essential part of the fabric of — I hesitate to use the word safety net because it’s there for everyone whether they need a net or not. It provides those essential services that have become a part of the American fabric of caring.”

Meanwhile, at the nearby Kennedy Caucus Room in the Russell Senate Office Building, the Healthy Aging Forum provided an opportunity for senators and their staffers to learn about the latest innovations in health care and explore ways to improve the health and well-being of older Americans.

Representatives from two dozen different organizations gave demonstrations using these tools, which included an automated pill dispenser, devices that can facilitate coordinated care and aging in place, and a virtual dog that serves as an electronic companion.

The dog is the brain child of GeriJoy co-founders Victor Wång and Shuo Deng, researchers at the Massachusetts Institute of Technology. “On the front end, it leverages all these demonstrated health benefits — both mental and physical health benefits of pet therapy and pet ownership,” Wång said. “While on the other hand, it’s a talking dog, actually, and so what happens is that it’s an avatar for our care staff around the world. So we hire 24/7 teams of people around the world to staff these companions and provide intelligent, compassionate conversation.”
Optimal Aging Through Research


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