Visitors to geron.org will find that GSA’s website has undergone a major renovation. The most significant change is the addition of a new member benefit called GSA Connect, which is an online networking platform that will allow members to collaborate and work together more productively than ever before.

“The new website and the implementation of GSA Connect were inspired by direct feedback from GSA members,” said GSA Executive Director and CEO James Appleby, RPh, MPH. “Because many gerontologists call GSA their professional home, they requested a tool that allows them to share resources, communicate easily with their networks on a small or large scale, and interact with their peers on a professional level.”

Among GSA Connect’s features are discussion communities, where members can share ideas, ask questions, and brainstorm across sections and disciplines; searchable resource libraries, which allow members to upload documents, embed YouTube videos and recorded webinars, and share links; and customizable personal profiles and contacts lists, which can be searched by name, section, or organization.

Researchers Examine Intersection of Aging, Chronic Disease

A new collection of articles appearing in a supplemental issue of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences focuses on how the basic biology of aging drives chronic disease. Together, they highlight the value of the emerging field of geroscience, which uses an integrated approach to the study of diseases and disability associated with growing older.

The supplement was mailed to subscribers of Series A; however, all GSA members can access the articles online by first logging in through www.geron.org/publications and then proceeding to the Series A website.

“Although we can reasonably expect to live longer today than past generations did, the age-related disease burden we will have to confront has not changed,” state the authors of the lead article.

“With the proportion of older people among the global population being now higher than at any time in history and still expanding, maintaining health into old age has become a new and urgent frontier for modern medicine.”

Geroscience seeks to bridge the divide between studies of aging and studies of chronic disease, with the hope of understanding their complex relationship and pointing the way to novel interventions for disease, frailty, and disability.

The included articles were inspired by the inaugural summit convened by the National...
From the GSA President

Making Connections in and Around GSA
By Rosemary Blieszner, PhD

The theme of this year’s Annual Scientific Meeting is “Making Connections: From Cells to Societies.” Although the gathering from November 5 to 9 in Washington, DC, will provide many opportunities for participants to renew existing ties and make new ones, connect with the latest scholarship, and identify possible policy and advocacy links, the conference is not the only time GSA promotes “making connections.” You read about the new GSA Connect on the front page; below are some other recent examples.

Pat Kolb, the Research, Education, and Practice Committee chair, negotiated with Gerontology and Geriatrics Education and Practice Committee chair, negotiated with Gerontology and Geriatrics Education Editor Judith Howe for publication of a special issue in 2015 on “The Three-Legged Stool: Linkages among Education, Research, and Practice in Gerontology and Geriatrics.” Articles will describe innovative associations among these three dimensions of our profession and provide examples of their relevance to evidence-based practice with older adults.

GSA’s Corporate Advisory Panel continues to grow and thrive, connecting GSA with the business sector. Representatives from member companies learn from the research conducted by GSA members and apply new information to develop solutions that address the ever-growing need for innovative technology, products, services, and support for older adults.

Corporate Advisory Panel members also support GSA’s education and outreach efforts by sponsoring collaborations on timely gerontology topics such as over-the-counter medication use and sleep health. Expert panel meetings and webinars enable GSA researchers and agency professionals to interact in exploration of implications for public education campaigns and technical developments. GSA members are connected to the outcomes via What’s Hot newsletters and the From Publication to Practice series, as well as forthcoming From Policy to Practice translational brochures.

Last winter, members of GSA’s Emerging Scholar and Professional Organization reached out to international scholars by offering pre-submission screening and advice for conference abstracts. Helping investigators whose native language is not English forged bonds with potential presenters that will strengthen the global scope of the annual meeting.

GSA is also working to join with gerontologists in China and Hong Kong by identifying researchers to speak at their upcoming conferences on the psychology of aging, health, public policy, and research and clinical practice in cultural context. These international meetings provide opportunities for scholars to connect across national borders with others sharing their research interests. They also broaden the interest of international colleagues in participating in GSA.

On a much grander scale, GSA will welcome scholars from around the world to the 2017 World Congress of Gerontology and Geriatrics in San Francisco, for which GSA will serve as host. The theme, “Global Aging and Health: Bridging Science, Policy, and Practice,” will join scholars working across disciplinary and cultural boundaries as they provide innovative solutions to the bridging challenges implied by the theme.

These six examples are just a few ways GSA strives to serve its members by sustaining a vibrant organization with a global reach. GSA connects members and partners with the latest research, educational approaches, and policy analyses. Regardless of whether they work in education, research, health, government, corporate, industry, or nonprofit sectors, all benefit from the connections fostered by GSA’s attention to promoting the best possible quality of life for aging persons.

Rosemary Blieszner

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**In Memoriam**

**Ursula Springer, PhD**, the owner and president of Springer Publishing Company from 1970 to 2004, passed away on March 30. After the death of her husband Bernhard Springer in 1970, she left her position of professor of education at Brooklyn College to take over the publishing company that he had founded in 1950. As a publisher, she continued her husband’s development of books in psychology and nursing, and laid the groundwork for innovative publications in the fields of gerontology, social work, public health, and rehabilitation. She mentored and groomed future scholars, authors, educators, and practitioners and respected those who brought their knowledge to her publishing endeavors. Springer was elected a member of the Board of Directors of the American Publishers Association. She received honorary membership in the honor society in nursing, Sigma Theta Tau, and became the first honorary fellow in the newly established American Academy of Nursing. In 2004, she established The Ursula Springer Leadership Professor in Nursing Chair in the College of Nursing at New York University.

**New Publications by Members**

- “Aging Matters: An Introduction to Social Gerontology,” by GSA Fellow Nancy R. Hooyman, PhD, Kevin Kawamoto, and H. Asuman Kiyak. Published by Pearson, April 2014.

**Members in the News**

- GSA Fellow Laura Carstensen, DrPH, was quoted in The New York Times article “The Science of Older and Wiser” on March 12 as well as The Huffington Post article “7 Secrets of Wise People” on April 8. Both pieces discussed characteristics and personality traits that are associated with prudent individuals.
- Health Day published an article online titled “Aerobic Exercise May Help Older Women at Risk for Dementia” on April 9, which summarized the research of Teresa Liu-Ambrose, PhD, on aerobic workouts increasing the size of the brain’s memory area.
- On April 1, The New York Times published an article titled “Diet’s Link to Longevity: After Two Studies Diverge, a Search for Consensus.” The piece discussed caloric restriction theories and focused on the work of several members, including GSA Fellow Richard Weindruch, PhD, Rozalyn Anderson, PhD, and GSA Fellow Steven Austad, PhD.

**Member Spotlight**

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on:

**Suzanne Kunkel, 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: **Laura Gillen, BS**

The recipient, who became eligible after referring new member **Patrick Dundon, MS**

was randomly selected using randomizer.org. For more details on the Colleague Connection promotion, visit www.geron.org/connection.

**Browne Receives Service Award**

Colette Browne, DrPH, a professor in the Myron B. Thompson School of Social Work at the University of Hawaii was selected to receive the 2014 Robert W. Clopton Award for Distinguished Community Service by the University of Hawaii at Manoa Office of the Chancellor. This distinction recognizes Manoa faculty members who have accepted a socially significant role as intellectual leaders and exemplars beyond the campus and who have applied both their specialized and generalized academic preparation and interests to the improvement of the community and society in general. Browne sits on the boards of the American Society on Aging and the National Indigenous Elder Justice Initiative, and locally as the vice chair of the Oahu Regional Health Care Board. Professionally, Browne is the chair of the Gerontology Program at the University of Hawaii School of Social Work, and the principal investigator of Ha Kupuna, one of three congressionally mandated national resource centers for native elders funded by the Administration on Aging within the U.S. Administration for Community Living. Browne is a founding member of the Hawaii Pacific Gerontological Society and Sigma Phi Omega, Hawaii Chapter.

**Mezey Retires as HIGN Founding Director**

The Hartford Institute for Geriatric Nursing (HIGN) has announced the retirement of GSA Fellow Mathy Mezey, EdD, RN, FAAN. She previously worked as a public health nurse at Jacobi Hospital in NYC and taught at Lehman College, City University of New York. For 10 years, she was a professor at the University Of Pennsylvania School Of Nursing and directed the geriatric nurse practitioner program and the Robert Wood Johnson Foundation Teaching Nursing Home Program. At the New York University College of Nursing, from 1991 to 2008, she was the Independence Foundation Professor, and in 1996, assumed the position of founding director of the Hartford Institute for Geriatric Nursing. Mezey has authored 11 books and over 70 publications. Her work focuses on care of the older adults in all levels of nursing education and nursing practice and in all levels of nursing care.
At the beginning of each session of Congress, I hold a lunch meeting with Greg O’Neill, PhD, the director of the National Academy on an Aging Society (GSA’s policy branch) to discuss potential Policy News column topics for the coming year — knowing full well that Congress’ actions or inaction may drastically alter our plans and result in future lunches.

One topic that I attempt to shed light upon each year is coalition building as part of education and advocacy, and the importance of joining forces with others to make the strongest case possible during tough budget and partisan times like these. O’Neill recommended the good works of the Leaders Engaged on Alzheimer’s Disease (LEAD) Coalition as the place to start. GSA is a member of this important group and what follows is my interview with its executive director, Ian Kremer, JD.

Brian Lindberg: Thank you for getting together for this interview. Let’s start with the basics. What is the LEAD agenda?

Ian Kremer: The LEAD Coalition works collaboratively to focus the nation’s strategic attention on Alzheimer’s disease and related dementias and to push for accelerated progress in care and support, detection and diagnosis, and research leading to prevention, effective treatment, and eventual cure. Primarily, the LEAD Coalition focuses on federal public policy issues like the National Alzheimer’s Plan, appropriations, regulations, and programmatic implementation by agencies like [the Department of] Health and Human Services. The LEAD Coalition — either myself or through our member organizations — also is working with private sector partners on designing the future of dementia care practice, a blueprint for dementia care policy, protocols for early detection and diagnosis of cognitive impairment, and a global clinical trials platform.

BL: Where are we on solving Alzheimer’s disease and other dementias or delaying their onset?

IK: Scientifically, there is great reason for optimism that there will be effective means of treating, preventing, and even curing Alzheimer’s disease and related dementias. The question is not “if” but “when,” and that, largely, is a matter of the pace of public and private investment in research, streamlining the discovery pathway, and fostering a more collaborative and open research environment.

BL: How do you see the Alzheimer’s funding progress in these tough budget times?

IK: The FY 2014 omnibus included historic increases in funding for dementia research at the National Institute on Aging. The LEAD Coalition advocated to make that happen and we were pleased with the progress. Nevertheless, the federal government still invests less that 30 percent of the amount that experts agree is necessary to achieve the national goal of effectively treating of preventing Alzheimer’s disease and related dementias by 2025. And the investment in research is shockingly disproportionate to societal, economic and budgetary toll dementia inflicts on our country. More than five million Americans have dementia and another 15 million are family caregivers. Dementia contributes to the deaths of half a million Americans each year and costs the federal government more than $140 billion annually just in excess Medicare and Medicaid payments while causing untold lost productivity to our overall economy. And yet, for every dollar the federal government spends on research to solve dementia through science, it pays more than $250 to care for people who have developed dementia.

BL: I have read a great deal of data that you and others have provided on Alzheimer’s disease and other dementias. Can you make the case that they are the number one cost factor for Medicare and Medicaid that we need to solve in order to bend the cost curve further?

IK: If we can make a dent in those excess Medicare and Medicaid costs by changing the trajectory in Alzheimer disease and related dementias that is enormous budgetary good. No field of science can say that if you give me x number of dollars I will cure or modify the disease to this degree by a date certain. That’s not the way science works. We do know the current investments in science are inadequate and that core investment — wisely utilized — would give us better science, faster science, and better and faster outcomes. The challenge in Alzheimer’s is not a lack of promising ideas or dedicated scientists, it is the resources for those scientists to pursue those ideas. The first curve we have to bend is the investment curve. That will enable us to bend the cost curve and the quality of life curve for tens of millions of Americans. Science is the path to reducing the number of people with dementia, slowing disease progression, shortening the duration and lessening the severity of symptoms, and eventually preventing and curing the underlying diseases.
Director Francis Collins deserve enormous credit for recognizing this issue as transcendent and vital to the nation’s present and future, and for acting on it boldly and decisively and putting resources behind it. The foundation was built in previous administrations; this administration has really taken it probably two to three generations forward. Some of our best leaders in Congress include Chris Smith from New Jersey and Chaka Fattah from Pennsylvania, Maxine Waters from California, Ed Markey from Massachusetts and Susan Collins from Maine, Mark Warner from Virginia, and a real emerging leader in the Senate is Jerry Moran from Kansas. Senator Tom Harkin and Senator Richard Shelby have played a pivotal role in advancing research funding. Any list would be incomplete without Barbara Mikulski, who has been championing these issues both in her role as a legislator and also as the daughter of someone who had Alzheimer’s. She has been our champion for decades, and she has put her passion into action as chair of the Appropriations Committee by changing the outlook for the dementia science and care and support.

**BL:** I take it that you do not have a grassroots network. Is that right?

**IK:** LEAD is a coalition of organizations, many of which have grassroots capacity so I share issues with them so they can activate their grassroots. We also encourage organizations to share grassroots action alerts with each other, encouraging collaboration.

**BL:** Are you interested in GSA members becoming more involved?

**IK:** The LEAD Coalition is composed of organizations rather than individuals. So, there are three ways for GSA members to get involved with the LEAD Coalition. First, individuals are welcome to subscribe to the LEAD Coalition’s monthly e-newsletter by visiting the website at www.leadcoalition.org and follow the LEAD Coalition’s Twitter [twitter.com/LEAD_Coalition] and Facebook [www.facebook.com/LEADCoalition] pages. Second, GSA members are encouraged to contact me [ikremer@leadcoalition.org] for information about how their academic institutions, professional or trade associations, or other large organizations may apply for LEAD Coalition membership. Third, researchers, scholars, and scientists are invited to serve on ad hoc LEAD Coalition workgroups; interested individuals are encouraged to contact me [ikremer@leadcoalition.org]. Members of the general public are encouraged to sign the LEAD Coalition’s petition [www.leadcoalition.org/petition] in support of strong implementation of the National Plan to Address Alzheimer’s Disease.

**BL:** Thank you so much!
Workshop Examines Relationship Between Hearing Loss, Healthy Aging

On January 13 and 14, the Institute of Medicine and the National Research Council held a workshop to examine the ways in which age-related hearing loss affects healthy aging, and how public and private stakeholders can work together to address hearing loss in older adults as a public health issue. The workshop summary can now be downloaded for free at bit.ly/1tuQkh. The impact of hearing loss on healthy aging in older adults has largely not been considered despite hearing loss being independently associated with cognitive and physical functional decline, an increased risk of developing dementia, mortality, and increased rates of hospitalization and health care utilization. Additionally, the Funding Opportunities section of this month’s Gerontology News (page 10) contains grant announcements related to older adults and hearing loss.

NIH Offers Comprehensive Information on End-of-Life Issues

The latest addition to NIHSeniorHealth website from the National Institutes of Health focuses on end-of-life issues. The new module provides visitors with information about the most common issues faced by the dying and their caregivers. It describes the physical, mental, and emotional needs of people nearing the end of life and suggests ways to maintain their quality of life, such as hospice and home care. It also addresses the often complex practical concerns that can attend death, including financial issues, advance directives, caregiver support, and more. Among the topics covered: addressing pain, types and places of end-of-life care, planning and paying for end-of-life care, handling health care issues, when the end comes, coping with grief, and research efforts. The module joins a roster of research-based health topics geared toward older adults, including exercise and physical activity, long-term care, safe use of medicines and management of diseases such as stroke, diabetes, osteoporosis and Alzheimer’s disease. To access the module, visit 1.usa.gov/1hXSM6H.

Annual Federal Report Includes Special Section on Prescription Drugs

Between 2007 and 2010, about half of all Americans reported taking one or more prescription drugs in the past 30 days, and 1 in 10 took five or more, according to “Health, United States, 2013,” the U.S. government's annual, comprehensive report on the nation’s health. This is the 37th annual report prepared for the secretary of the Department of Health and Human Services by the Centers for Disease Control and Prevention’s National Center for Health Statistics. The report includes a compilation of health data from state and federal health agencies and the private sector. This year’s report includes a special section on prescription drugs. “Health, United States, 2013” features 135 tables on key health measures through 2012 drawn from a number of sources within the federal government and in the private sector. The tables cover a range of topics, including birth rates and reproductive health, life expectancy and leading causes of death, health risk behaviors, health care utilization, and insurance coverage and health expenditures. The full report is available at www.cdc.gov/nchs.

Continued from page 1 – GSA Debuts Enhanced Website

GSA volunteer leaders and other beta testers have spent the last several months preparing for the launch and providing feedback. When visiting the new website, all members are now invited to use GSA Connect to begin building their profiles and contribute to the ongoing conversations.

The development of GSA Connect was supported in part by the GSA Innovation Fund, which was established in 2010 as an annual giving campaign to support the development of new programs, products, and services for members. Moving forward, the GSA Innovation Fund will also be used to create online mentoring and career resources.

The new website also features integrated social media links on each page, as well as a responsive design feature that enables optimal viewing across browsers and devices such as cell phones and tablets.

“In addition to all the new benefits, members will see a streamlined interface and have easier access to the old website’s most popular features,” Appleby said. “The home page now provides direct access to GSA’s journals, other websites within the GSA family, annual meeting registration, the online store, and the GSA calendar of events, to name a few.”
Research Explains Action of Drug that May Slow Aging, Related Disease

Dietary restriction is one of the most-researched methods for slowing the aging process. Now, a new article published in The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences helps explain the action of a drug that appears to mimic that method — rapamycin.

Rapamycin, an antibiotic and immunosuppressant approved for use about 15 years ago, has drawn extensive interest for its apparent ability — at least in laboratory animal tests — to emulate the ability of dietary restriction in helping animals to live both longer and healthier.

However, this medication has some drawbacks, including an increase in insulin resistance that could set the stage for diabetes. The new findings help to explain why that happens, and what could be done to address it.

They suggest that a combination of rapamycin and another drug to offset that increase in insulin resistance might provide the benefits of this medication without the unwanted side effect.

“This could be an important advance if it helps us find a way to gain the apparent benefits of rapamycin without increasing insulin resistance,” said Viviana Perez, PhD, an author on the new article and an assistant professor in the Department of Biochemistry and Biophysics in the Oregon State University College of Science.

“It could provide a way not only to increase lifespan but to address some age-related diseases and improve general health,” Perez said. “We might find a way for people not only to live longer, but to live better and with a higher quality of life.”

Age-related diseases include many of the degenerative diseases that affect billions of people around the world and are among the leading causes of death: cardiovascular disease, diabetes, Alzheimer’s disease and cancer.

Laboratory mice that have received rapamycin have reduced the age-dependent decline in spontaneous activity, demonstrated more fitness, improved cognition and cardiovascular health, had less cancer and lived substantially longer than mice fed a normal diet.

Rapamycin, first discovered from the soils of Easter Island, or Rapa Nui, in the South Pacific Ocean, is primarily used as an immunosuppressant to prevent rejection of organs and tissues. In recent years it was also observed that it can function as a metabolic “signaler” that inhibits a biological pathway found in almost all higher life forms — the ability to sense when food has been eaten, energy is available, and conditions are favorable for cell proliferation, protein synthesis, and growth to proceed.

Called mTOR in mammals, for the term “mammalian target of rapamycin,” this pathway has a critical evolutionary value — it helps an organism avoid too much cellular expansion and growth when energy supplies are insufficient. That helps explain why some form of the pathway has been conserved across such a multitude of species, from yeast to fish to humans.

“Dietary restriction is one of the few interventions that inhibits this mTOR pathway,” Perez said. “And a restricted diet in laboratory animals has been shown to increase their lifespan about 25 to 30 percent. Human groups who eat fewer calories, such as some Asian cultures, also live longer.”

Aside from a food intake in laboratory mice that’s about 40 percent fewer calories than normal, however, it’s been found that another way to activate this pathway is with rapamycin, which appears to have a significant impact even when used late in life. Some human clinical trials are already underway exploring this potential.

A drawback to long-term use of rapamycin, however, is the increase in insulin resistance, observed in both humans and laboratory animals. The new research identified why that is happening. It found that both dietary restriction and rapamycin inhibited lipid synthesis, but only dietary restriction increased the oxidation of those lipids in order to produce energy.

Rapamycin, by contrast, allowed a buildup of fatty acids and eventually an increase in insulin resistance, which in humans can lead to diabetes. However, the drug metformin can address that concern, and is already given to some diabetic patients to increase lipid oxidation. In lab tests, the combined use of rapamycin and metformin prevented the unwanted side effect.

“If proven true, then combined use of metformin and rapamycin for treating aging and age-associated diseases in humans may be possible,” the researchers wrote in their conclusion.

Continued from page 1 – Researchers Examine Intersection of Aging, Chronic Disease

Institutes of Health’s Trans-NIH Geroscience Interest Group. This event took place in October 2013; it was co-sponsored with GSA and the Alliance for Aging Research in association with the Foundation for the National Institutes of Health.

Continuing the summit’s theme, “Advances in Geroscience: Impact on Healthspan and Chronic Disease,” the new journal articles focus on seven mechanisms that intersect aging and chronic disease pathways: inflammation, adaptation to stress, epigenetics, metabolism, macromolecular damage, proteostasis, and stem cells and regeneration.

Each entry in the supplemental issue uses the foundational concepts of geroscience to understand basic cellular and molecular underpinnings of aging as a principal risk factor for a variety of chronic diseases; explore common mechanisms governing relationships between aging and chronic diseases; and identify new pathways for research collaboration.

At the summit, renowned experts in aging biology and disease concluded that the field of geroscience could be developed through specific actions by the NIH and the broader research community. The following recommendations were produced: identify how our current knowledge of the biology of aging can be applied to study the impact of aging on age-related diseases/conditions; identify which aspects of aging are most responsive to prevention and treatment interventions; develop ways to assess health span (years of good health and function) so that therapies designed to prevent disease can be assessed for efficacy; construct animal models that develop chronic diseases at an equivalent age to humans (this may dramatically improve translation of interventions from animals to human); foster studies to understand the connection between the biology of aging and frailty, which is both a major risk factor for chronic disease and a consequence of chronic disease.
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/GSA National Center on Gerontological Social Work Excellence, 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.

**Kansas State University** held its third annual Amazing Careers in Aging Race — showcasing careers in aging through a partnership with Meals on Wheels, Alternative Healthcare, Fitness over 40, and Mathis Physical Therapy. These are local businesses that work with older adults in varying capacities. Thirty-two students competed in teams of four in mental and physical challenges across the campus.

Three institutions in the St. Louis area — **Saint Louis University**, **University of Missouri-St. Louis**, and **Washington University in St. Louis** — teamed up to host a screening of “Grow Old Along with Me: The Poetry of Aging,” followed by a panel discussion. The film provided a glimpse into the aging process through the eyes of a number of artists from the visual, performing, and written arts. Members of the panel provided their perspectives on the film, aging in America today, and areas in which professionals can and do make an impact and opportunities for future careers in aging.

**Syracuse University**’s Aging Studies Institute hosted a workshop, “The Changing Face of Aging in New York State: Education and Networking Opportunities for Students and Practitioners.” It was co-sponsored by the State Society on Aging of New York. The keynote speaker, Greg Olsen, executive deputy director of the New York State Office for the Aging, spent the day visiting graduate and undergraduate policy classes in the School of Social Work.

The **University of Kentucky** held three events: a panel discussion, a seminar addressing the transition from gerontology doctoral candidate to postdoctoral fellow/assistant professor, and a film screening of “Waking Ned Devine.”

The **University of Massachusetts Dartmouth**’s Ora M. DeJesus Gerontology Center and Career Development Center co-hosted a panel discussion on careers in aging and health. The panel included a social worker, a private care manager, a clinical psychologist, a physician and a geriatric nurse practitioner. They discussed their education, training and careers in the field of aging and health. They encouraged students to pursue a career in aging by describing the variety of available positions and roles.

Visit www.careersinaging.com to sign up

Save the date for next year’s Careers in Aging Week:

**April 5–11, 2015**
The University of Montana Gerontology Society held its first annual CIAW speed mentoring event. Participants included a diverse set of mentors such as physicians, pharmacists, social workers, occupational therapists, physical therapists, and representatives of local aging networks.

The University of Utah’s Gerontology Interdisciplinary Program celebrated CIAW by co-sponsoring a screening of the Sundance Film Festival Audience Award Winner “Alive Inside.” This documentary features social worker Dan Cohen, who facilitates positive change in Alzheimer’s patients through the power of music. Cohen himself attended the screening in Salt Lake City and participated in a question-and-answer session.

Youngstown State University students engaged in a variety of events that promoted the interdisciplinary field of aging. The first event was a career fair, where hundreds of students across campus were able to speak and discuss various careers and employment opportunities within the aging network. Students in the gerontology program also had the opportunity to attend a resource exchange with several local stakeholders to discuss some of the local internship and volunteer opportunities. Other activities included giveaways, presentations on CVs and resumes, extended walk-in hours for students, and a discussion of the “101 Careers in Aging” book.

Congratulations to the Recipients of the 2014 Careers in Aging Week Awards!

California Council on Gerontology & Geriatrics
California State University, Chico*
Georgia State University
Hunter College*
Kansas State University
New York University*
Oklahoma State University
Pennsylvania State University
St. Catherine University*
St. Cloud State University
St. Louis University (Coalition)*
Syracuse University
University of Massachusetts, Dartmouth
University of Montana
University of Southern California
University of Vermont*
University of Washington*

*GSA and AGHE gratefully acknowledge the Hartford/GSA National Center on Gerontological Social Work Excellence 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.
NIDCD Slates Funds for Research on Hearing Health Care

The National Institute on Deafness and Other Communication Disorders (NIDCD) has issued several funding opportunity announcements to support research and/or infrastructure needs leading to more accessible and affordable hearing health care. These include a request for applications (1.usa.gov/1k6aB7P) and two companion program announcements (1.usa.gov/1m2EYhN and 1.usa.gov/15nGcL). As discussed in a recent workshop convened by the Institute of Medicine and National Research Council (see this month’s New Resources section), the impact of hearing loss on healthy aging in older adults has largely not been considered despite hearing loss being independently associated with cognitive and physical functional decline, an increased risk of developing dementia, mortality, and increased rates of hospitalization and health care utilization. Furthermore, The NIDCD announcements state that “addressing the research needs will require increased collaboration among various relevant parties (e.g., researchers, audiologists, hearing aid dispensers, otolaryngologists, primary care physicians, public health researchers, health services researchers, industry, professional and patient-advocacy organizations) as well as infrastructure support and expertise.” The final letter of intent due date is January 24, 2015.

National Cancer Institute Will Fund Imaging Agent Research

The National Cancer Institute has issued a funding opportunity announcement to support clinical trials conducting preliminary evaluation of the safety and efficacy of imaging agents, as well as an assessment of imaging systems, image processing, image-guided therapy, contrast kinetic modeling, 3-D reconstruction and other quantitative tools. As many such preliminary evaluations are early in development, this announcement provides investigators with support for pilot cancer imaging clinical trials, including patient monitoring and laboratory studies. This announcement supports novel uses of known/standard clinical imaging agents and methods as well as the evaluation of new agents, systems, or methods. The imaging and image-guided intervention investigations, if proven successful in these early clinical trials, can then be validated in larger studies through competitive mechanisms, or through clinical trials in the Specialized Programs of Research Excellence (SPOREs), Cancer Centers and/or the National Cancer Institute’s National Clinical Trials Network. Applications are due October 10. For subsequent due dates and additional details, visit grants.nih.gov/grants/guide/pa-files/PAR-14-166.html.

Recovery Act Resource to Accelerate Research on Neurodevelopment

The National Institute of Mental Health is offering grant funding to stimulate the broader research community to utilize a resource funded through the American Recovery and Reinvestment Act of 2009 to generate and evaluate hypotheses about the complex interrelationships and multi-directional influences among genetics, brain maturation, neurocognitive function, and psychiatric symptoms during development. This announcement is a strategic effort to disseminate this data resource, stimulate the broader research community to use the resource, and accelerate research on neurodevelopment and trajectories of risk for mental illness. Secondary goals of this initiative are to foster collaborations among researchers from diverse fields of expertise, enhance diversity of research questions and analytic approaches, advance methods for integration across data modalities and levels of analyses (i.e., imaging, genomics, behavior), and encourage inclusion of early stage investigators among these collaborations. The letters of intent are due August 3 and the application deadline is September 3. Further details are at 1.usa.gov/1gXyzvG.

Grant to Examine Aging/Cancer Interface

The National Institute on Aging and National Cancer Institute have teamed up to issue a grant opportunity that encourage translational research proposals in the overlapping areas of human aging and cancer, linking basic and clinical research relevant to the care of older cancer patients through both bench-to-bedside and bedside-to-bench approaches. Ultimately, information from the research supported by this initiative should improve the health and well-being of older patients at risk for, or diagnosed with, cancer and decrease the functional impairment and morbidity associated with cancer in this population. The next application deadline is in October. For more information, visit 1.usa.gov/1m5ZTNX

Translational Research May Help Older Adults Maintain Independence

The National Institute on Aging and the National Institute of Biomedical Imaging and Bioengineering are inviting applications for translational research that moves evidence-based research findings toward the development of new interventions, programs, policies, practices, and tools that can be used by organizations in the community to help older adults remain healthy and independent, productively engaged, and living in their own homes and communities. The goal of this funding opportunity announcement is to support translational research involving collaborations between academic research centers and community-based organizations with expertise serving or engaging older adults (such as city and state health departments, city/town leadership councils, educational institutions, workplaces, area agencies on aging, and organizations funded or assisted by the Corporation for National and Community Service) that will enhance understanding of practical tools, techniques, programs and policies that communities across the nation can use to more effectively respond to needs of the aging population. Visit 1.usa.gov/1fsyggb for more information.
**RRF Accepting Applications for Projects in Aging**
The Retirement Research Foundation (RRF) is currently accepting grant requests for its application deadline on August 1. The RRF is devoted to improving quality of life for older Americans. Through its responsive grants program, the organization supports direct service, advocacy, education, and training programs for professionals working with elders, and research to seek causes and solutions to significant problems of older adults. Proposals for projects that have a local focus are considered from organizations based in seven states: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects of national relevance are considered from organizations located anywhere in the U.S. The RRF is based in Chicago and is one of the nation’s first private foundations devoted exclusively to aging and retirement issues. Throughout its history, the RRF has awarded more than $200 million for innovative projects that benefit older Americans. To learn more, visit www.rrf.org.

**Concordia Redesigns Gerontology Graduate Program**
In January 2014, Concordia University Chicago launched a redesigned Online Master of Arts in Gerontology degree and Certificate in Gerontology, which is designed to provide an interdisciplinary course of study for individuals interested in meeting the needs and contributing to the well-being of an aging population. Additionally, this course of study provides an integrated perspective on aging and older adults. Students are trained in the fundamentals of gerontological education, research, and practice. Learn more about Concordia University Chicago’s online Master of Arts in gerontology at www.gradschool.cuchicago.edu/ma-gero.

**Eastern Michigan Adds Advanced Degree**
Eastern Michigan University’s School of Nursing will offer a new option within its master’s degree in nursing program to meet the growing need for advanced nursing professionals in the health care field. The new clinical track is a two-year program that specifically prepares primary care, adult-gerontology nurse practitioners. The program is geared towards experienced nurses who work and want to advance their career. The first ten students will begin in fall 2014. Further information is available at www.emich.edu/chhs/nursing/.

**University of Toledo Offers Elder Law Certificate**
The Legal Specialties Program in the College of Human Service Professions at the University of Toledo (UT), in cooperation with UT’s Center for Successful Aging in the College of Medicine, is now offering an online graduate certificate in elder law. The UT Elder Law Program consists of five classes, all of which can be completed in two semesters. The certificate is designed to provide knowledge about the needs and legal rights of older adults; understanding the laws and legal issues related to property rights, wills, trusts, estate administration, powers of attorney, guardian-ships, advance directives (health care powers of attorney, etc.), Social Security, Medicare, Medicaid, grandparent’s rights, and legal issues involved in late-in-life marriages. The program also focuses on the ethical issues involved in legal practice with older clients, age discrimination in employment, health care and long-term care for the older adult population, income maintenance, and elder abuse and covers contemporary legal issues in gerontology and geriatrics. The certificate will prepare individuals for working with older adults and their families. Additional information can also be found at the UT website at: www.utoledo.edu/dl/programs/gerontology/elder-law.html.

**AIU Includes Gerontology Specialization in New Bachelor’s Degree Offering**
American InterContinental University (AIU) has announced a new Bachelor of Healthcare Management degree. The degree is a 180-credit program that teaches critical skills in healthcare management, administration, public policy, and human resources in order to prepare students for contemporary workplace needs. The program is designed to prepare students who are currently working in the healthcare field, as well as those who wish to enter the field, for positions in healthcare administration, medical and health services management, health facility management, and medical practice management. The program is expected to help students understand how various business principles and functions converge in the healthcare setting, how legislation and regulations influence healthcare practice and management, and how the media influences public opinion regarding health policy issues. AIU will offer two specializations within the Bachelor of Healthcare Management degree: Health Services Administration Management, which focuses on preparing students for administrative roles in hospitals, extended care facilities and medical offices, with insurance providers, and in industries related to healthcare delivery; and Gerontology Management, which prepares people for administrative roles at facilities and with service providers who serve the unique medical, social, and financial needs of the elderly. Bachelor of Healthcare Management students can also continue their studies at the graduate level with AIU’s Master of Healthcare Management degree.
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Finding Your GSA “Home”: The Social Research, Policy, and Practice Section

The Social Research, Policy, and Practice (SRPP) section of GSA is committed to the quality of life of older Americans by researching policies and programs relevant to social, economic, health, and healthcare issues affecting older adults. Membership in SRPP is diverse, representing researchers, policy makers, academics, and advocates who represent many different disciplines including educators, nurses, political scientists, physicians, biologists, social workers, sociologists, economists, pastors, and businesspersons. Many members of SRPP include interdisciplinary social and behavioral scientists working with clinicians to translate research findings into practice and policy. Carmen Morano, PhD, is an associate professor at the Silberman School of Social Work at Hunter College and managing editor of the Journal of Gerontological Social Work. Morano said he is very enthusiastic about the goals and networking opportunities of SRPP for ESPO members. “As co-director of the Association for Gerontology Education in Social Work Pre-Dissertation Program, ESPO was important to our fellows in connecting them to GSA and helping them establish connections that can support their growth from student to academic researcher.”

As a testament to the supportive nature of this section, SRPP has a very strong membership of students and emerging scholars. Currently, there are 214 SRPP ESPO members; 27 members are transitional members and 177 are student members. The senior ESPO representative for the SRPP Executive Committee, Tonya Roberts, explained why she was drawn to this section. “I became a part of the SRPP section while pursuing a PhD in nursing. My decision to join was influenced by my mentor’s long history with the section and the close match between my research interests and the goals of the section. I also hoped my membership would increase my exposure to researchers with similar interests and broaden my network. While many of my nursing colleagues join the Health Sciences section, I felt that SRPP was a better fit for me because my work emphasizes nursing home care delivery and related policy rather than specific clinical issues.”

Students and emerging professionals in the SRPP section are presented with many opportunities to become active in the section, to receive support, and share their research with peers and experts in the field. Students are strongly encouraged to get involved and are encouraged to participate in all section events and meetings. There are several ways to get involved during and in addition to the GSA Annual Scientific Meeting.

First, ESPO members can serve a two-year appointment as SRPP representatives to the SRPP Executive Committee. During the first year the individual serves as the junior representative, and at the close of the GSA Annual Scientific Meeting, the junior representative transitions to the senior position. The senior representative participates as a voting member in the SRPP Executive Committee mid-year conference call and other meetings throughout the year via conference calls. The junior representative also participates in the calls to learn the processes and issues related to the section.

Second, ESPO members are encouraged to apply for the three SRPP section awards, presented at the Annual Scientific Meeting. The Elaine M Brody award, including a $300 prize, is given each year to recognize excellence in research as reflected in an outstanding paper. The Carroll L. Estes Award, including a $500 prize, is given each year to an enrolled doctoral student in recognition of excellence in research as reflected in an outstanding paper. Students also are encouraged to apply for the Outstanding Student Poster Award, which includes a $300 prize, which recognizes a current SRPP undergraduate or graduate student member for excellence in research as reflected in an outstanding research poster presentation.

As the junior ESPO SRPP representative, Tara McMullen offered advice for members interested in social research and policy. “I strongly encourage students to become involved in SRPP. I have made contacts who I continue to receive mentorship and have developed a broader understanding about the interplay between policy and practice from the senior SRPP members’ research and discussions. SRPP has been pivotal in my involvement in GSA and how to approach certain situations in a professional manner.”

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Bulgaria Facing Funding Issues in Supporting Retirees

According to a March 12 article on the Sophia, Bulgarian-based novinite.com, there are approximately 2.7 million individuals in the work force that provide pensions to 2.2 million retired people in Bulgaria. However, the number of those employed is shrinking as the number of those retiring is growing. It was reported that every time 100 Bulgarians retire, 66 people will enter the labor market. The combination of unemployment and freezing the increase of retirement age has contributed to this growing issue. The country’s pension and social insurance systems are strained and are experiencing limited funds needed to make its payments. The article references data from the World Bank, which indicates that in a 30 to 40 years’ time, 30 percent of retired people may not be able to receive their pensions.

International Diabetes Federation Addresses Diabetic Foot Care

The governments of China, Zimbabwe, and Ecuador are now working to offer diabetic foot care via a project originally developed in Alexandria, Egypt. This pioneering partner approach to diabetes care is coordinated by the International Diabetes Federation (IDF). Known as BRIDGES (Bringing Research in Diabetes to Global Environments and Systems), the program is supported by an educational grant from Lilly Diabetes. BRIDGES is dedicated to translational research and is supporting 41 projects in 38 countries in primary and secondary prevention of diabetes. With the support of the IDF BRIDGES program, three centers in the selected countries will be involved with the partnership: Qingdao Endocrine and Diabetes Hospital in Qingdao, China; Zimbabwe Diabetes Association in Harare, Zimbabwe; and Ambulatory Healthcare Center CAA Cotocollao at Pontificia Universidad Catolica del Ecuador in Quito, Ecuador. The IDF is an umbrella organization of over 230 national diabetes associations in 170 countries and territories. For more information about the BRIDGES project, visit www.idf.org/bridges.

Ontario’s Health Care Performance Trails International Peers

In “Working Paper 20, Building Better Health Care: Policy Opportunities for Ontario,” the Institute for Competitiveness & Prosperity examined how the performance of the Canadian province’s health care system compares internationally on dimensions of efficiency and equity, and analyzes what drives health care costs. The Institute found that, despite exceptional resources, Ontario trails international peers in overall health care performance. Countries that spend less on health care have comparable or better health care outcomes, higher quality care, and more extensive public coverage than Ontario. The Institute offers eight policy opportunities for Ontario to make headway in realizing greater efficiency and equity in health care. These include strengthening primary care, engaging physicians to drive change, accelerating the deployment of IT, implementing a pharmacare program, and scaling up policy focus on end of life care, as well as strengthening the revenue base by introducing a savings plan for prefunding drugs, implementing a co-payment model and abolishing the tax subsidy for employer health insurance benefits. The complete report can be downloaded directly from bit.ly/IgGTqB4.

Irish Seniors’s Eligibility for Free Services Under Review

As reported on May 17 in the Irish Independent, 53,000 of Irish citizens aged 70 and over have received letters reviewing their eligibility for a medical card — a credential issued by the Health Service Executive (HSE) that allows individuals to receive certain health services free of charge. Typically, a dependent spouse or partner and the card holder’s children are also covered for the same range of health services. To qualify for a medical card, weekly income must be below a certain figure for the family size. The article indicates that per the country’s junior health minister, those over the age of 70 years have been asked to prove their eligibility for a medical card based upon data received from the Department of Social Protection and Revenue Commissioners. Due to the tightening of the eligibility criteria, many of these individuals will instead receive a GP visit card rather than a medical card. A GP visit card allows citizens to visit a general practitioner for free. An additional month has been added to the timeline for which the HSE sends out review letters to people who will need to renew their eligibility.
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