NIA Solidifies 2011 Paylines

At a recent meeting of the National Advisory Council on Aging, National Institute on Aging (NIA) Director Richard Hodes, MD, presented the FY 2011 payline figures for NIA research project grants. The payline for R01 grants below $500,000 will be at the 9th percentile, with new investigator applications considered up to the 12th percentile and early stage investigators up to the 14th percentile; the payline for R01 grants above $500,000 will be at the 6th percentile, with new investigator applications considered up to the 9th percentile and early stage investigators up to the 11th percentile.

Correction

In the February Gerontology News story on GSA's 2011 Annual Scientific Meeting in Boston, the wrong building was labeled as the John B. Hynes Veteran Memorial Convention Center. (The photo depicted the Boston Convention & Exhibition Center, which is an unrelated facility.) The Hynes property, where GSA's meeting sessions will take place, is shown below.

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GSA Stands with Aging Partners in Call for Budget Advocacy

Immediately following the Obama Administration's release of its FY 2012 budget request to Congress, Assistant Secretary for Aging Kathy Greenlee convened a meeting of Administration on Aging (AoA) stakeholders — including GSA — to discuss the proposal's impact on federally funded programs for seniors.

The FY 2012 request for the AoA totaled $2.2 billion and incorporates several major changes from previous years. Included in the budget is $120 million for the AoA to oversee the new Community Living Assistance Services and Support (CLASS) program, a long-term care insurance system enacted as a component of the Patient Protection and Affordable Care Act. Furthermore, the budget proposal transfers control of the State Health Insurance Assistance Programs from the Centers for Medicare and Medicaid Services, and the Senior Community Service Employment Program from the Department of Labor. Also included were significant increases for the support of programs authorized by the Elder Justice Act of 2010.

Full details of the AoA budget proposal can be found at www.aoa.gov/AoARoot/About/Budget/index.aspx. The Policy News section on page 4 of this newsletter goes into more detail about the broad array of aging-related items in the federal budget.

Greenlee acknowledged the support of the Obama Administration and Health and Human Services Secretary Kathleen Sebelius in expanding the AoA's responsibilities.

“Our stock is rising; our value is recognized and I think that's reflected in this budget,” Greenlee told representatives of the stakeholder organizations.

Continued on page 6

GSA Supports U.S. Call for Improved Nutrition

GSA has joined a nationwide host of organizations commending the federal government’s recent release of the 2010 “Dietary Guidelines for Americans,” particularly applauding its inclusion of specific advice for older adults.

Because more than one-third of children and more than two-thirds of adults in the U.S. are overweight or obese, this 7th edition of “Dietary Guidelines for Americans,” issued by the Department of Agriculture and the Department of Health and Human Services, places stronger emphasis on reducing calorie consumption and increasing physical activity.

“Good nutrition is an integral component of successful aging,” said GSA President Donald Ingram, PhD. “The benefits of a healthy diet and regular physical activity may include a more robust immune system, higher energy levels, faster recuperation times, sharper mental acuity, and better management of chronic health problems.”

In Boston this November, GSA's Annual Scientific Meeting — under the theme of "Lifestyle → Lifespan" — will explore nutrition and aging in greater detail. Numerous sessions are scheduled to focus on the healthy gut, anorexia, obesity, antioxidant supplements, calorie restriction, brain foods, women's nutrition, and nutrition among long-lived populations.

Moreover, numerous studies reported in GSA’s peer-reviewed scientific journals have tied obesity to poor health outcomes for America’s seniors. A January 2010 special issue of The Journals of Gerontology Series A: Biological and Medical Sciences described many of the negative consequences, even showing that the adverse affects of being overweight are not limited to physical function but also extend to neurological function.

Continued on page 9
What’s on Your Agenda for Careers in Aging Week?
By James Appleby, RPh, MPH  jappleby@geron.org

As of the beginning of this year, over 10,000 baby boomers are turning age 65 every day. People in the over-65 demographic are expected to hit 1.5 billion worldwide by 2050. These statistics are one of the main reasons why every April, GSA and its educational branch, the Association for Gerontology in Higher Education (AGHE), sponsor Careers in Aging Week. As in past years, dozens of colleges and universities across the country are participating by sponsoring events at their schools or in their communities. The official dates are April 10 to 16.

Will you join us? Approximately 73% of GSA members are affiliated with institutions of higher education – meaning that we are in an ideal position to bring greater awareness of the many job opportunities in the field to potential career gerontologists.

At www.careersinaging.com, we have many resources to help plan successful events. Each institution is entitled to a free Careers in Aging Week toolkit, which includes booklets, brochures, and promotional items such as pens, highlighters, and notepads. It also offers advice for organizing informal gatherings, panel discussions, poster sessions, career fairs, and film screenings. The website additionally offers a press release template to generate publicity, and a sponsorship request letter to help you gain support from sources within the local community.

Furthermore, The Geriatric Social Work Initiative, which GSA administers, has developed a toolkit tailored to the social work field at www.gswi.org/careers/index.html.

It’s obvious that there is a need for more researchers, caregivers, and social workers to address the needs of our aging population. But it’s important to envision as wide a range of jobs as possible when thinking about the promotion of careers in aging. Recent stories in The New York Times (February 5) and Fast Company (January 14) demonstrate how many companies are developing age-friendly products and services. And as you’ll read on page 13 of this newsletter, a number of large corporations have formed an international partnership to raise awareness for the social and economic impact of global population aging. That’s a sure sign that gerontology experience will soon be in demand from employers, and it’s up to our field to make sure that demand is met.

Beyond Careers in Aging Week, GSA and AGHE stand ready to further assist members at institutions of higher education. This month in Cincinnati, AGHE is convening its 37th Annual Meeting and Educational Leadership Conference. For the first time, AGHE will hold a pre-conference teaching institute. This dynamic new session will feature distinguished teachers reflecting on how their engaged teaching styles have evolved and what experiences have made the most impact. The institute additionally will provide a forum in which faculty from different disciplines at different stages of their careers can share best practices.

The meeting’s agenda also will focus on whether or not AGHE should establish a national accreditation process for academic programs in gerontology. Certainly, as the world faces an unprecedented growth in its senior population, we need to consider what must be done to ensure patients and caregivers have confidence that the gerontological professionals they interact with are graduates of robust academic programs.

I look forward to talking with members about accreditation and Careers in Aging Week in Cincinnati. If you can’t make it, I invite you to continue the conversation with me over e-mail at jappleby@geron.org.

Sincerely,

James

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New Publication by Members


Please note that GSA’s journal, The Gerontologist, welcomes submissions for its Book Review section. Recently published books may be sent for consideration to Frank J. Whittington, PhD, Book Review Editor, Dean’s Office, College of Health & Human Services, George Mason University, 4400 University Drive, MS 2G7, Fairfax, VA 22030. If you are interested in becoming a reviewer for this section, please send an e-mail and a copy of your C.V. to fwhittin@gmu.edu.

Members in the News

• An article in the January 17 edition of the Chattanooga Times Free Press reported on the Georgia Centenarian Study. Led by GSA Fellow Leonard Poon, PhD, the study concluded that a combination of attitude and personality traits is key to longevity.

Former GSA President Edward Masoro, PhD, and Former GSA President Arlan Richardson, PhD, were both quoted in an article in the January 11 edition of the San Antonio Current. The story focused on anti-aging research being conducted at the University of Texas Health Science Center at San Antonio.

• Former GSA President Steven Austad, PhD, and GSA Fellow Richard Besdine, MD, were quoted in the January 25 issue of Businessweek. The story discussed the effect of baby boomers’ expected longevity on financial planning for retirement.

• Diane Sawyer recently welcomed several aging experts for a roundtable discussion on eldercare issues on “ABC World News with Diane Sawyer.” Among the guests were GSA Fellow Marie Bernard, MD, and GSA Fellow Neil Resnick, MD.

• The Los Angeles Times recently quoted Thomas Perls regarding the subject of human longevity following the passing of the world’s oldest person. He noted that reaching an age of 115 is incredibly rare, but that age 90 could be a reasonable life expectancy for a human.

Member Spotlight

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

Ernest Gonzales, MSSW

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:

Kristopher J. Kimbler

The recipient, who became eligible after referring new member Lee A. Ferrante, 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

Cohen Receives Top Oncology Honor

Former GSA President Harvey Jay Cohen, MD, director of the Center for the Study of Aging and Human Development and Walter Kempner Professor of Medicine at the Duke University Medical Center, was recently named the recipient of the American Society of Clinical Oncology’s 2010 B. J. Kennedy Award and Lecture for Scientific Excellence in Geriatric Oncology. Cohen has written more than 300 articles and book chapters on topics in geriatrics and hematology/oncology, with special emphasis on aspects of cancer and immunologic disorders in the elderly. In addition to GSA, he also is a past president of the American Geriatrics Society and the International Society of Geriatric Oncology.

Gutman’s Speech Furthers Disaster Education

In early February, Vancouver Island University welcomed GSA Fellow Gloria Gutman, PhD, for a special lecture on seniors’ emergency preparedness. Gutman, is the founding director of the Gerontology Research Centre at Simon Fraser University. She was the second guest in the school’s Saturday Speaker Series, which is themed “Taking Control of your Health and Wellness.” Gutman is a member of the World Health Organization’s Expert Advisory Panel on Ageing and Health, a director with the International Institute on Ageing, and president of the International Network for the Prevention of Elder Abuse. She also was recently listed in Zoomer magazine as one of “Canada’s Top 45 over 45” for her influence on public policy that affects older Canadians.

Van Haisma Takes Position within The Gerontologist

Kimberly Van Haisma, PhD, director of the Edward and Esther Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life, has been named editor of the Practice Concepts and Policy Analysis Section of The Gerontologist. She is a clinical health psychologist with a specialization in geriatrics. Her research focuses on issues relevant to quality of life and quality of care for persons with dementia. Van Haisma also is the director of the Harry Stern Center for Innovations in Alzheimer’s Care, which is dedicated to the development of clinical application products such as psychosocial intervention programs, staff training manuals, and staff training videos.

Share Your News!

GSA is eager to spread the word about its members’ many accomplishments. Please send items regarding presentations, awards, promotions, book publications, appointments, and media appearances to Gerontology News Editor Todd Kluss at tkluss@geron.org.
President Barack Obama released his FY 2012 budget proposal on February 14, but a love fest did not follow. The budget’s price tag of $3.73 trillion is a little bit lower than last year’s budget proposal ($3.8 trillion), but the deficit is at a record high of $1.66 trillion.

This budget was criticized for not confronting big-ticket items (read: entitlement programs), lacking major policy initiatives, and cutting a number of safety net programs. Having achieved a number of legislative victories in the first two years of his presidency, the president appears to have decided to “win the future” by promoting economic growth with investments in research and development and infrastructure. The president did “give valentines” to National Institutes of Health and energy and climate change projects, education, and transportation and wireless internet construction.

The president’s budget proposal expanded from three years to five the freeze on non-defense, discretionary spending (which is only 12 percent of the federal budget), except for the selective increases. The president calls for $300 million in cuts to community development block grants and $2.5 billion from a federal program that pays heating bills for low-income families (LIHEAP).

Overall, the president proposes $66.8 billion for nondefense research and development, 6.5 percent more than FY 2010 funding and 12.5 percent more than Republicans outlined in their cost-cutting FY 2011 budget bill. Congress has yet to resolve funding levels for FY 2011, even as they begin work on FY 2012.

“I don’t like to cut science,” said Representative Frank R. Wolf (R-VA), chairman of the House Commerce, Justice, and Science subcommittee. “But as long as the president fails to address the recommendations of his deficit-reduction commission and doesn’t deal with [Medicare and Social Security] entitlements, there is going to be tremendous pressure on these programs.”

By not laying his cards on the table regarding Social Security (the “third rail of politics”), Medicare, and Medicaid, Obama is forcing the GOP majority in Congress to “take the first bite of a wormy political apple.”

In fact, Obama will likely employ a strategy put to good effect by other presidents: meet privately with an influential and bipartisan group of legislators to find common ground on a politically controversial issue. A group of senators from both parties is working to advance a budget strategy based on ideas offered last year by Obama’s fiscal commission, which won the support of key Senate liberals and conservatives. That proposal — which calls for politically perilous moves such as raising the retirement age, charging wealthy seniors more for Medicare, and eliminating cherished but expensive tax breaks — claims to save $4 trillion over the next decade, four times the savings in Obama’s 10-year budget projections. The possibility exists for a bipartisan approach to entitlement reform if this behind-the-scenes strategy gets off the ground with the administration.

Funding the Government Now

President Obama pointed out that his FY 2012 budget proposal was “the first step in a lengthy negotiation over the government’s fiscal future.” But before the FY 2012 budget can be discussed, Congress must address funding the government for the current fiscal year, FY 2011, which ends on September 30, 2011. The Republican controlled House of Representatives has proposed $61 billion in cuts from current government spending levels.

Budget Highlights (see page 5 for details)

The National Institutes of Health is one of the few departments to receive a significant increase in the president’s budget. The National Institute on Aging would benefit from the increased funding with a request for more than $20 million over FY 2010 levels. Increases would go to research project grants, research and development contracts, and intramural research. The request for research management and support declined by $100,000.

The Administration on Aging (AoA) has scored three firsts in President Obama’s proposed budget. Funding for elder justice and elder rights were included for the first time; AoA requested $16.5 million for state Adult Protective Services demonstrations and an additional $5 million for the Long-Term Care Ombudsman Program.

The Community Living Assistance Services and Supports (CLASS) Office would also receive funding for the first time. In addition to her role as Assistant Secretary for the Administration on Aging, Kathy Greenlee also serves as the CLASS Administrator. The budget provides $120 million to develop education and outreach for the program and to implement the CLASS information technology system.

In addition, AoA will take charge of the Senior Community Service Employment Program (SCSEP) from the Department of Labor in order to improve coordination of services for adults age 50+. However, while moved to AoA, the SCSEP budget request was also slashed by 45 percent to $450 million. Also reduced in the AoA budget from $980,000 to $730,000 were multigenerational and civic engagement demonstration projects.

Although the Health Resources and Services Administration had its funding reduced by 9 percent, stable funding or increases were proposed for geriatric programs.

The Corporation for National and Community Service programs fared well under the president’s policy to promote public service with a 10 percent increase in AmeriCorps funds, which has a goal of allocating 10 percent of its funding for older adults. Additionally, the president requests a small bump in spending for the National Senior Service Corps, which includes RSVP, Foster Grandparents, and the Senior Companion Program. AmeriCorps is one of the programs slashed in the current budget proposal advanced by the House GOP.

On Valentine’s Day, President Obama Proposes … a Budget
### President’s FY 2012 Budget Request for Aging Programs

(Amounts listed in millions.)

<table>
<thead>
<tr>
<th>Department</th>
<th>Final 2010 Level</th>
<th>FY 2012 Budget Proposed</th>
<th>Change, 2010-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Institutes of Health</td>
<td>30,784</td>
<td>31,829</td>
<td>+1,045</td>
</tr>
<tr>
<td>National Institute on Aging</td>
<td>1,108</td>
<td>1,129</td>
<td>+21</td>
</tr>
<tr>
<td>Administration on Aging (AoA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AoA full budget</td>
<td>2,388</td>
<td>2,238</td>
<td>-151</td>
</tr>
<tr>
<td>Home- and Community-Based Supportive Services</td>
<td>368</td>
<td>416</td>
<td>+48</td>
</tr>
<tr>
<td>Preventive Health Services</td>
<td>21</td>
<td>21</td>
<td>—</td>
</tr>
<tr>
<td>Social Service Block Grant</td>
<td>1,700</td>
<td>1,700</td>
<td>—</td>
</tr>
<tr>
<td>Long-Term Care Ombudsman Program</td>
<td>17</td>
<td>22</td>
<td>+5</td>
</tr>
<tr>
<td>Elder Abuse Prevention</td>
<td>5</td>
<td>5</td>
<td>—</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>National Family Caregiver Support Program</td>
<td>154</td>
<td>192</td>
<td>+38</td>
</tr>
<tr>
<td>Native American Caregivers Support Program</td>
<td>6</td>
<td>8</td>
<td>+2</td>
</tr>
<tr>
<td>Congregate Meals</td>
<td>441</td>
<td>441</td>
<td>—</td>
</tr>
<tr>
<td>Home-Delivered Meals</td>
<td>218</td>
<td>218</td>
<td>—</td>
</tr>
<tr>
<td>Nutrition Services Incentive Program</td>
<td>161</td>
<td>161</td>
<td>—</td>
</tr>
<tr>
<td>Native American Nutrition and Support Activities</td>
<td>28</td>
<td>28</td>
<td>—</td>
</tr>
<tr>
<td>Program Innovations (The decrease reflects other programs becoming permanent under AoA and not necessarily budget cuts.)</td>
<td>28</td>
<td>12</td>
<td>-16</td>
</tr>
<tr>
<td>Multigenerational and Civic Engagement Programs</td>
<td>0.98</td>
<td>0.73</td>
<td>-0.25</td>
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<tr>
<td>Elder Rights Support Activities</td>
<td>4</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>CLASS Program Administration</td>
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<td></td>
<td>N/A</td>
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<tr>
<td>Senior Community Service Employment Programs (formerly under the Department of Labor)</td>
<td>825</td>
<td>450</td>
<td>-375</td>
</tr>
<tr>
<td>State Health Insurance Assistance Program (formerly under the Centers for Medicare and Medicaid Services)</td>
<td>47</td>
<td>47</td>
<td>—</td>
</tr>
<tr>
<td>Health &amp; Long-Term Care Programs*</td>
<td>31</td>
<td>0</td>
<td>-31</td>
</tr>
</tbody>
</table>

*HHS writes: The Health and Long-term Care Programs line has been eliminated, with some of the funding that had previously been in this line redirected to elder rights and elder justice, new areas of innovations, and administrative needs.

### Health Resources and Services Administration (HRSA)

| HRSA full budget                                  | 7,506            | 6,821                   | -685              |
| Health Professions                                | 406              | 468                     | +62               |
| Geriatric Education Centers                        | 20               | 20                      | —                 |
| Geriatric Training for Physicians, Dentists, and Behavioral Mental Health Professionals | 9               | 9                       | —                 |
| Geriatric Academic Career Awards Program           | 5                | 5                       | —                 |
| Geriatric Career Incentive Award                  |                  |                         | N/A               |

### Centers for Medicare and Medicaid Services

| Money Follows the Person                          | 118              | 250                     | +132              |
| Administration                                    |                  |                         | N/A               |
| Activities                                        |                  |                         | N/A               |
| State Survey and Certification                    | 366              | 417                     | +51               |

### Corporation for National and Community Service

| AmeriCorps (including VISTA)                      | 698              | 770                     | +72               |
| National Senior Service Corps                     | 221              | 226                     | +5                |

### Social Security Administration

| Discretionary spending (e.g. program administration and research and development) | 11,449           | 12,496                  | +1,047            |
| Mandatory outlays (i.e. benefits payments)        | 744,648          | 804,638                 | +59,990           |
Conference Participation Fosters Career Development

Preparation for the GSA 2011 Annual Scientific Meeting, taking place in Boston from November 18 to 22, is underway! This year’s theme, “Lifestyle → Lifespan,” will present multidisciplinary measures of how lifestyle can affect the lifespan. ESPO highly encourages its members to participate in the conference through attendance and through the submission of current research. This month’s column is dedicated to the thoughts of the Newsletter Task Force members who have participated in past meetings.

“Can I submit an abstract?”
Yes! Students and emerging professionals can submit. Professional development is one of the key components of ESPO and one that assists in the building of future leaders in the field of gerontology and geriatrics. Concise and thorough abstracts are more likely to be accepted. Have a colleague review your work before submitting to help eliminate the gaps, inconsistencies, and/or unclear portions of an abstract and eventually, the presentation itself. Acceptance of an abstract, whether it is through a poster, paper, or symposia, provides opportunity for constructive criticism of your research project when presenting at the meeting. Please note that although the main March 15 abstract deadline is imminent, GSA will also offer an opportunity in September to submit abstracts for the Late Breaker Poster Session.

“Why should I go?”
My first attendance at GSA was in 2010, which I attended with my PhD cohort and our faculty. It was a pleasant surprise to see many people that I knew from previous experiences and to reacquaint. The setting provided many opportunities to speak with other professionals in small group settings. We enjoyed many opportunities for discussion and creative thinking. One of our seminars involved the process involved in the development of a poster presentation. I enjoyed speaking with multi-levels of academicians about their work and felt encouraged to consider the possibility that I, too, might be able to present at GSA. A mentoring workshop was offered and I thought this was a great contribution from the volunteers. It was a very meaningful educational experience. These opportunities reduced my anxiety about the benefits from such a well attended conference.

—Terri Van-Ward, first-year PhD student at the University of Utah Hartford Center of Geriatric Nursing Excellence

“I’m a student and I’m broke.”
Although getting to GSA may be challenging, here are a few suggestions to keep in mind:
1. Check with your department about travel stipends for attendees and presenters.
2. If money is not directly available through your department, check with your student government organizations or other on-campus organizations. Student government organizations often set aside travel stipends specifically for students.
3. Travel awards are also available through GSA! Every year, an e-mail is sent to ESPO members who are interested in receiving awards. Additionally, there are section awards for ESPO members who have submitted abstracts. Furthermore, employers might have programs that provide reimbursements for conference attendance.

Words of Wisdom
Pace yourself. Bring snacks. Introduce yourself to the person sitting next to you at presentations and most importantly, get plenty of sleep. Although I received copious amounts of advice, four days on my feet taught me to always pack flats for GSA, since there is just so much to see and do! GSA is a plethora of knowledge and networking opportunities. Instead of allowing your eyes to glaze over as you fall into the monotonous rhythm of reading journal articles, GSA provides even novice students the chance to sit down with leading researchers to discuss topics that are of interest to them and you. GSA is not something to be intimated by; instead, it is an opportunity to brainstorm, network, and experience new ideas as they develop.

—Amanda Holup, first-year MPH/PhD student at the University of South Florida

Sarah Stabl, a doctoral candidate at West Virginia University, also helped in writing this piece.

Continued from page 1 - AoA Head Calls on Aging Organizations for Advocacy Efforts

She noted, however, that aging advocates must join the AoA leadership in contacting congressional representatives — not only to enact the proposed budget, but also to reauthorize the Older Americans Act, which is due to be voted upon in 2011.

“I need you all to talk to members of Congress about the budget proposal,” she said. “We now have two glaring opportunities: the budget and the reauthorization. This reauthorization is something that can be viewed as an opportunity for bipartisan support.”

In total, the AoA and its national aging services network annually serve nearly 11 million seniors and their caregivers. This network is comprised of 56 state and territorial units on aging, 629 area agencies on aging, 246 Indian tribal and Native Hawaiian organizations, nearly 20,000 direct service providers, and hundreds of thousands of volunteers. From 2010 to 2015, the population age 60 and older is expected to increase by 15 percent, according to statistics provided by the federal government.

In the AoA’s appropriations justification documents, Greenlee states that “the FY 2012 request of $2.2 billion will continue to support the vibrant, far reaching array of services and supports for older Americans and their caregivers that have been the hallmark of the Older Americans Act.” She added, “In light of AoA’s past performance and cost-effectiveness, this budget entrusts AoA with a variety of new opportunities to build on our record of success.”
Certificate Program Comes to Bristol Community College

Bristol Community College in Fall River, MA, soon will offer a certificate program in gerontology to help students prepare for jobs that are expected to become more plentiful as baby boomers reach retirement age. The new program will teach students how to help seniors plan for retirement and understand Medicare and other benefits and services. The certificate program will begin in the spring. It will be aimed at both prospective workers and those already in social or health care fields looking to expand their skills. Gerontology certificate courses include an introduction to the study of aging, social issues in aging, general psychology, and principles of sociology.

Georgetown Launches Online Nursing Master’s Program

The Georgetown University School of Nursing & Health Studies, a part of Georgetown University Medical Center, has announced its creation of an online graduate nursing program. Graduates of the online program will receive a Georgetown University master's degree that includes the same academically rigorous, values-based curriculum as the on-campus educational programs. Students will complete the didactic portion of the program online and will have the opportunity to complete the clinical portion in or close to their home community. The program, Nursing@Georgetown: Master's in Nursing Delivered Online, features Web 2.0 technology that creates a highly interactive learning environment online. Georgetown has entered into an agreement with 2tor, a provider of online educational technology services, to provide services in support of the program and online delivery of Georgetown’s curriculum. The online program builds upon Georgetown’s nationally ranked on-campus graduate nursing program. Both programs are designed to prepare high-achieving registered nurses to become leaders in specialized areas of advanced practice nursing. In addition to this dynamic new learning option, Georgetown will continue offering its longstanding campus-based programs. For more information, visit online.nursing.georgetown.edu.

Cincinnati Receives Grant for Training Purposes

The University of Cincinnati’s medical school has received a $1 million grant to improve geriatrics training. The funds, awarded by the Donald W. Reynolds Foundation, will go to the school's Office of Geriatric Medicine, a division of the Department of Family and Community Medicine. The office will implement interprofessional training to teach medical students, residents, and community primary-care physicians how to collaborate with other disciplines for geriatric care. A total of 890 trainees will participate in the four-year program. The group will include 670 medical students, 80 chief residents, 80 additional primary-care residents, and 60 primary-care community physicians.

Hartford Grant To Support Arkansas Nursing Faculty

The Arkansas Hartford Center of Geriatric Nursing Excellence (HCGNE), part of the University of Arkansas for Medical Sciences College of Nursing, has received funding to increase the number of geriatric nursing faculty in Arkansas. The two-year, $369,749 grant was awarded by the John A. Hartford Foundation, which promotes the health and independence of the country’s rapidly expanding geriatric population. The grant is the third the Arkansas HCGNE has received from the Hartford Foundation since 2001. A five-year extension was then awarded in 2006, leading to this two-year extension. The Arkansas HCGNE is one of nine programs nationally and the only one in the southern U.S.

Megan McCutcheon

Megan McCutcheon, MA, became GSA’s publications manager in January 2011, and will continue to serve as managing editor of The Gerontologist, a position she has held since January 2007. She is a native of Westlake, OH, and received a bachelor’s degree in social work from The Ohio State University, a master’s degree in gerontology from the University of North Carolina at Charlotte, and a graduate certificate in biostatistics from George Mason University.

In addition to her previous experience with The Gerontologist, McCutcheon has worked as a research project manager for the Department of Communication and the Center for Social Science Research within the Department of Sociology and Anthropology at George Mason University, and for the Department of Health Behavior and Administration at the University of North Carolina at Charlotte. Her work focused on programs and services for older Americans.

In her new capacity as publications manager, McCutcheon will work closely with editors and staff to produce the Society’s journals, monthly newsletters, special publications, books, and related materials. She is responsible for managing peer review and manuscript tracking activities, serving as the primary contact with the journals’ publisher regarding the online manuscript submission/peer review/tracking system, and acting as a liaison to GSA’s publication authors, reviewers, advisory board, designers, printers, mailhouses, and other vendors and consultants involved in implementing publication plans.
Federal Site Compiles Information on Older Americans and AIDS
Following the White House’s July 2010 publication of the new National HIV/AIDS Strategy, the U.S. Administration on Aging has developed a website devoted to older adults and HIV/AIDS. This online resource is intended to provide information useful to aging services providers and others interested in HIV and aging issues. The page will be periodically updated as new resources become available. It can be accessed at www.aoa.gov/AoARoot/AoA_Programs/Special_Projects/index.aspx.

CDC Report Details Home Health, Hospice Comparisons
The Division of Health Care Statistics and the Long-Term Care Statistics Branch within the U.S. Centers for Disease Control and Prevention have released the 30th publication in their National Health Statistics Report series, “Comparison of Home Health and Hospice Care Agencies by Organizational Characteristics and Services Provided: United States, 2007.” To view or print this resource, visit www.cdc.gov/nchs/index.htm. The report presents national estimates of the organizational characteristics of 14,500 home health and hospice care agencies in 2007. Comparisons of organizational characteristics and provisions of selected services are made by agency type. A comparison of selected characteristics between 1996 and 2007 is also provided to highlight changes that have occurred leading to the current composition of the home health and hospice care sectors. A related data brief, “Electronic Medical Record Adoption and Use in Home Health and Hospice,” found that in 2007, 41 percent of providers of home health or hospice care had electronic medical records, and an additional 15 percent planned to have them within the next year. To view this data brief, visit www.cdc.gov/nchs/data/databriefs/db45.pdf.

AoA Launches New Affordable Care Act Newsletter
The U.S. Administration on Aging (AoA) recently introduced Affordable Care Act News, a new e- newsletter devoted to the implementation of the Patient Protection and Affordable Care Act and its impact on the Aging Network. Through this newsletter, readers can learn about upcoming funding and training opportunities, find relevant notices in the Federal Register, and hear from others across the country about their involvement in putting health care reform into action. To subscribe, send an email to aoainfo@aoa.gov.

Hartford Institute Develops Two New Nurse Training Resources
The Hartford Institute for Geriatric Nursing at New York University’s College of Nursing has created two sets of resources for nursing faculty and clinical instructors to help them guide students in caring for older adults, in both hospital and nursing-home settings. The Hartford Institute and American Association of Colleges of Nursing have prepared two modules to help clinical nursing faculty teach undergraduate nursing students to integrate care of older adults in hospitals. This project was funded by the Jewish Foundation for Education of Women. The modules use a case-study design with an “evolving case” progression, taking faculty members through a typical clinical day on a medical/surgical unit and providing teaching strategies to integrate content on assessment and dementia into the clinical assignment, the pre-conference, bedside teaching, post-conference, charting, and clinical evaluation. The modules are available at www.hartfordign.org/education/Baccalaureate_education. (Continuing Education Units are available.) The Hartford Institute and American Association of Colleges of Nursing, with funding from the Commonwealth Fund and Picker Institute, have also developed a set of six web-based modules that help nursing faculty maximize their use of nursing homes as clinical training sites, with a special focus on nursing homes involved in resident-directed care and culture change. They are available at: www.hartfordign.org/education/Baccalaureate_education.

Vision and Aging Toolkit Released
The National Eye Institute’s recently launched See Well for a Lifetime Program has developed a toolkit for professionals who work with older adults. Use of the toolkit will help in conveying science-based, easy-to-understand information about general eye health, age-related eye diseases and conditions, and the importance of comprehensive dilated eye exams. To learn more or download a copy, visit www.nei.nih.gov/nehep/programs/visionandaging/index.asp.

NASW Releases Family Caregiver Social Work Standards
The Board of Directors of the National Association of Social Workers (NASW) has approved new standards for social work practice with family caregivers of older adults. The development of the NASW Standards for Social Work Practice with Family Caregivers of Older Adults is a component of Professional Partners Supporting Family Caregivers, an initiative led by the AARP Foundation, in partnership with the U.S. Administration on Aging, the Family Caregiver Alliance, and the National Association of Social Workers. One aim of the initiative, which is made possible by funding from the John A. Hartford Foundation, is to identify and further develop existing best practices that will raise the knowledge and skills of professionals working with family caregivers of older adults. Among the new standards are qualifications for social workers working with family caregivers of older adults: a degree in social work from a school or program accredited by the Council on Social Work Education; compliance with state-based licensing and certification requirements; knowledge, skills, and professional experience in aging and family caregiving; current knowledge of the social work theory and practice in this arena; and the ability to provide and facilitate access to culturally and linguistically appropriate services to family caregivers of older adults. The complete standards document is available for download at www.socialworkers.org/practice/standards/NASWFamilyCaregiverStandards.pdf.
Recession Alters Seniors’ Home Buying Activities

A joint study by the 50+ Housing Council of the National Association of Home Builders (NAHB) and the MetLife Mature Market Institute shows the recession has made buyers age 55 and over more practical than before when selecting a new home. Design considerations have become less important, and financial concerns have become more prominent. Previous studies from these two organizations found that most 55+ buyers depended on home sale proceeds to finance a new purchase. The most recent data show that option diminished during the economic downturn. The report, “Housing Trends Update for the 55+ Market,” explores recently released housing data from the Census Bureau’s 2009 American Housing Survey on the 55+ demographic. To read the full text of the new study, visit www.nahb.org/55PlusResearch.

New Officer Candidates Unveiled

Ballots for the election of GSA’s next officers will be available online on April 1. E-mails containing the link will be sent to all members at that time. Please make sure GSA has your correct address on file by checking your member profile at www.geron.org.

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Lawrence Rubenstein, MD, MPH

GSA Secretary
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Dana Burr Bradley, PhD

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John Tower, PhD

BS Section Secretary
Natalia S. Gawrilova, PhD
LaDora Thompson, PhD

Behavioral and Social Sciences (BSS) Section Chair
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Kenneth F. Ferraro, PhD

BSS Section Secretary
Karen A. Hooker, PhD
Jan E. Mutchler, PhD

BSS Section Member-at-Large
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Paul Higgs, PhD
Jutta Heckhausen, PhD
Joseph E. Gaugler, PhD
Jessica Kelley-Moore, PhD
Debra Umberon, DrPH

Health Sciences (HS) Section Chair
Marilyn R. Gugliucci, PhD
Timothy L. Kauffman, PhD

HS Section Secretary
Connie Bales, PhD
Lois L. Miller, PhD, RN, FAAN

Social Research, Policy, and Practice (SRPP) Section Chair
Charles Emlet, LCSW, MSW, PhD
Larry Polivka, PhD

SRPP Section Secretary
Cristina Flores, PhD, RN
Kenneth Hepburn, PhD

Emerging Scholar and Professional Organization (ESPO) Chair
Leland Bert Waters III
Katherine S. Hall, PhD

ESPO Secretary
Sherry Greenberg, MSN
Elizabeth A. Hahn, BS

ESPO Technology Chair
John P. McKean, BA
Christine A. Mair, MA

“Dietary Guidelines for Americans” makes several age-based recommendations. Individuals aged 50 years and older are encouraged to consume food fortified with vitamin B12, such as fortified cereals or dietary supplements. Additionally, people aged 51 and older are advised to reduce their sodium intake to 1,500 milligrams per day.

For women aged 51 and over, the government recommends a daily intake of between 1,600 and 2,200 calories depending on physical activity level, and for men aged 51 and over, a daily intake of between 2,000 and 2,800 calories depending on physical activity level.

Adults aged 65 years and older who are overweight are encouraged not to gain additional weight. Among older adults who are obese, particularly those with cardiovascular disease risk factors, intentional weight loss can be beneficial and result in improved quality of life and reduced risk of chronic diseases and associated disabilities, according to the new report.

In regard to physical activity, the government states that older adults should follow the standard adult guidelines, noting that seniors should be as physically active as their abilities and conditions will allow. Similarly, they are also advised to do exercises that maintain or improve balance if they are at risk of falling. Those with chronic conditions should understand if and how their conditions affect their ability to do regular physical activity safely.

“Dietary Guidelines for Americans” is available for download at www.dietaryguidelines.gov.
The University of Alabama at Birmingham (UAB), Department of Medicine, Division of Gerontology, Geriatrics, and Palliative Care is seeking Academic Geriatricians who want to be affiliated with an interdisciplinary, university-wide Center for Aging involving more than 200 faculty members committed to improving the health and well-being of older adults. Clinical opportunities are available through the Acute Care for the Elderly (ACE) Unit and Geriatric Consult Program, long-term care and home care settings, and specialty and primary care clinics. This faculty member will be involved in educational programs and must have the capability to obtain external funding to support research in an aging-related focus area.

Faculty members have the opportunity for collaborative opportunities with NIA-funded programs including the Deep South Resource Center for Minority Aging Research, the Roybal Center for Research on Applied Gerontology, the UAB Study of Aging and the Advanced Illness and Multi-Morbidity Research Program, the VA-based Birmingham and Atlanta GRECC, the Hartford Foundation-funded Southeast Center of Excellence in Geriatric Medicine, the McKnight Brain Institute and the UAB Reynolds Program. Leadership opportunities are available in all areas of the Division’s mission.

Applicants must be board-certified or board-eligible in Geriatric Medicine and be eligible for a tenure earning or non-tenure earning appointment at the Assistant Professor level or higher depending on qualifications and experience. Interested applicants should send their c.v. to Peter Bosworth MBA, Assistant to the Director, Division of Gerontology, Geriatrics, and Palliative Care, at Bosworth@uab.edu (quoting Reference 008).

The University of Alabama at Birmingham (UAB), Department of Medicine, Division of Gerontology, Geriatrics, and Palliative is seeking Geriatricians who want to be affiliated with an interdisciplinary, university-wide Center for Aging involving more than 200 faculty members committed to improving the health and well-being of older adults. Clinical opportunities are available through the Acute Care for the Elderly (ACE) Unit and Geriatric Consult Program, long-term care and home care settings, and specialty and primary care clinics. This faculty member will be involved in educational programs and must have the capability to obtain external funding to support research in an aging-related focus area.

Faculty members have the opportunity for collaborative opportunities with NIA-funded programs including the Deep South Resource Center for Minority Aging Research, the Roybal Center for Research on Applied Gerontology, the UAB Study of Aging and the Advanced Illness and Multi-Morbidity Research Program, the VA-based Birmingham and Atlanta GRECC, the Hartford Foundation-funded Southeast Center of Excellence in Geriatric Medicine, the McKnight Brain Institute and the UAB Reynolds Program. Leadership opportunities are available in all areas of the Division’s mission.

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The University of Alabama at Birmingham (UAB), Department of Medicine, Division of Gerontology, Geriatrics, and Palliative is seeking Geriatricians who want to be affiliated with an interdisciplinary, university-wide Center for Aging involving more than 200 faculty members committed to improving the health and well-being of older adults. Clinical opportunities are available through the Acute Care for the Elderly (ACE) Unit and Geriatric Consult Program, long-term care and home care settings, and specialty and primary care clinics. New faculty members will be involved in educational programs for fellows, residents, and students. Applicants with interests in pursuing research careers are encouraged to apply.

Faculty members have the opportunity for collaborative opportunities with NIA-funded programs including the Deep South Resource Center for Minority Aging Research, the Roybal Center for Research on Applied Gerontology, the UAB Study of Aging and the Advanced Illness and Multi-Morbidity Research Program, the VA-based Birmingham and Atlanta GRECC, the Hartford Foundation-funded Southeast Center of Excellence in Geriatric Medicine, the McKnight Brain Institute and the UAB Reynolds Program. Leadership opportunities are available in all areas of the Division’s mission.

Applicants must be board-certified or board-eligible in Geriatric Medicine and be eligible for a tenure earning or non-tenure earning appointment at the Assistant Professor level or higher depending on qualifications and experience. Interested applicants should send their c.v. to Peter Bosworth MBA, Assistant to the Director, Division of Gerontology, Geriatrics, and Palliative Care, at Bosworth@uab.edu (quoting Reference 029).

The University of Alabama at Birmingham is an affirmative action/equal opportunity employer and is responsive to the needs of dual career couples. Female and minority candidates are encouraged to apply.
New Award Recognizes Human Factors Excellence
The Human Factors and Ergonomics Society (HFES) has announced the establishment of the Human Factors Prize. This award, which will be presented for the first time in 2011, recognizes excellence in human factors/ergonomics research. Authors are invited to join the competition and submit their best research on this year’s chosen topic: health care ergonomics. The prize carries a $10,000 cash award and publication of the winning paper in the Society’s flagship journal, Human Factors. The award will be formally conferred at a special session at the HFES Annual Meeting, where the recipient will present his or her work. Health care ergonomics is broadly defined to include research at the intersection of health care and human factors/ergonomics. Suitable sample topics include human factors/ergonomics aspects of home health care, the ergonomics of laparoscopic equipment and procedures, patient care coordination, the usability of electronic health records and informatics, macroergonomics of health care facilities, and use of simulation for health care training. The submission deadline is June 1. The winner and runners up will be announced on August 15 and the award presentation will take place at the HFES 55th Annual Meeting, taking place from September 19 to 23 at the Red Rock Hotel in Las Vegas, NV. For more details about eligibility, submission, and the evaluation process, visit www.hfes.org/web/pubpages/hfprize.html.

APHA Seeks New Public Health Fellows
The American Public Health Association (APHA) has issued the call for applications for the 2012 APHA Public Health Fellowship in Government. Candidates must have strong public health credentials and be interested in spending one year in Washington, DC, working in a congressional office on legislative and policy issues related to health, the environment, or other public health concerns. The fellowship will begin in January 2012 and continue through December 2012. The fellowship provides a unique learning experience for a public health professional to gain practical knowledge in government and see how the legislative and public policy process works. Applications and additional information are available at www.apha.org/advocacy/fellowship. Hard copies of the application, including a CV and three letters of recommendation, are due to APHA by April 4, 2011. All candidates must be APHA members; must have five years or more experience in a public health setting; and must have a master’s degree or doctorate in a public health or related discipline.

NIH Fellowship To Focus on Neuroscience
The National Institutes of Health (NIH) currently is welcoming applications for the International Neuroscience Fellowship. Its purpose is to advance the training of qualified foreign neuroscientists and clinicians at the early or mid-career level, by enhancing their basic, translational or clinical research skills in a research setting in the U.S. This program aims to strengthen the intellectual capital of neuroscience research in international institutions. The National Institute on Aging is one of the NIH entities supporting the fellowship. Research training under this program could include basic and clinical studies of the nervous system, clinical trials of interventions of therapeutic modalities, epidemiological research to identify risk factors and to establish prevalence and incidence estimates of pathologic conditions, and research relevant to those geriatric problems arising from psychiatric and neurological disorders associated with aging as well as the further understanding of the normal aging brain. Applications are due August 16. For further information, visit grants.nih.gov/grants/guide/pa-files/PAR-11-106.html.

Policy Fellows Program Welcomes New Applications
The deadline to apply for a 2011 Health and Aging Policy Fellowship has been extended until May 20. This national program, supported by The Atlantic Philanthropies, seeks to provide professionals in health and aging with the experience and skills necessary to contribute to the development and implementation of health policies that affect older Americans. The program is open to physicians, nurses, social workers, and other clinicians (e.g., pharmacists, dentists, clinical psychologists) with a demonstrated commitment to health and aging issues and a desire to be involved in health policy at the federal, state, or local levels. For more information, visit www.healthandagingpolicy.org.
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Global Coalition Enters World Stage
A number of large corporations have formed an international partnership to raise awareness for and address the social and economic impact of global population aging. The new Global Coalition on Aging’s founding members are AEGON, Bank of America Merrill Lynch, Galderma, Intel, Johnson & Johnson, Novartis, Nutricia, Pfizer, and Universal American Corp. Deloitte Consulting LLP is serving as an advisory member. The Global Coalition on Aging will provide leadership, research and advocacy to help nations and industry advance sustainable solutions that address the unprecedented demographic transformation already underway. Over the next three years, it will roll out a strategic plan to drive social and policy changes in four key areas: education and work, financial planning and security, health and wellness, and technology, innovation and biomedical research. For more information, visit www.globalcoalitiononaging.com.

Report Explores Career Extensions Internationally
“Work: The New Face of Retirement,” a new report from the Wharton School at the University of Pennsylvania, provides a global view of retirement systems and the approaching challenges due to falling birth rates and longer life spans. The document looks at several countries across five continents to examine the reasons why people are working longer than their parents did, the crisis of public and private pension plans, and recommendations for preparing financially and vocationally for life in the later decades. Visit bit.ly/hRo083 to view the report in full.

Online Presentation Offers Comparative View of Social Security

German Prostitutes Make Accommodations for Seniors
According to the U.K.’s The Independent, Germany’s sex industry has started offering services designed specifically to help the aged, in an attempt to cater for the desires of an increasingly elderly population and offset a dramatic rise in the availability of amateur online prostitution. At Artemis, a famed Berlin brothel, seats have been installed in showers and clients’ changing rooms have been enlarged to accommodate wheelchairs. Currently, nearly 20 percent of German citizens are aged 65 or over.
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