The Gerontologist Seeks Papers for Special Issue

Authors are invited to submit papers for a forthcoming special issue of *The Gerontologist*, "Remembering Our Roots." The Call for Papers encourages "gerontological scholars to reach back and reconsider where we came from, how our science developed, and how the ideas and seminal contributions of our academic ancestors influenced how we think about aging today." Papers should identify and point readers to groundbreaking contributions that must be understood by seasoned researchers as well as emerging scholars. The abstract submission deadline is June 1 and manuscripts will be due January 4, 2013. The special issue is expected to be published in February 2014. Visit www.geron.org/thegerontologist for full details.

MedInfoNow Adds Free Trial Offer

As first reported in the July 2011 issue of *Gerontology News*, GSA offers its members a subscription discount to MedInfoNow, which is a literature update service linked to Medline, the preeminent index of biomedical publications. GSA recently added a link to its website that allows members to have a no-obligation free trial of MedInfoNow. See page 8 for further information.

Alzheimer’s Research Gets Major Government Boost

One week before the Obama Administration unveiled its full FY 2013 budget proposal, officials from the Department of Health and Human Services (HHS) announced a total of $156 million in new funds to combat Alzheimer’s disease. This figure includes $50 million immediately available for research as part of the White House’s “We Can’t Wait” initiative, plus, pending approval, a boost of $80 million for research and $26 million for caregiver support, provider education, public awareness, and improvements in data infrastructure in the FY 2013 budget.

These funding increases were unveiled at a press conference held by HHS Secretary Kathleen Sebelius, Assistant Secretary for Aging Kathy Greenlee, JD, and National Institutes of Health (NIH) Director Francis Collins, MD, PhD.

“We can’t wait to act; reducing the burden of Alzheimer’s disease on patients and their families is an urgent national priority,” Sebelius said.

A full analysis of President Barack Obama’s proposed FY 2013 budget can be found on pages 4 and 5 of this issue of *Gerontology News*.

The NIH’s current budget includes approximately $450 million for Alzheimer’s research. The initial $50 million increase represents funds in the current NIH budget that will be now dedicated to the Alzheimer’s cause. This investment will include research to identify genes that increase the risk of Alzheimer’s and the testing of therapies on individuals at the highest risk for the disease. They money may also be used to expand efforts to move new therapeutic approaches into clinical trials.

All of the new funds will advance the goals of the National Alzheimer’s Project Act, which Obama signed in January 2011 and calls for a
From the Executive Director

GSA Expands Global Outreach To Serve Members

By James Appleby, RPh, MPH jappleby@geron.org

In the near future GSA will be sending you an invitation via e-mail to complete an online survey. We are interested in learning who within our membership is conducting work with an international focus. Specifically, the Society and its educational branch, the Association for Gerontology in Higher Education (AGHE), are trying to determine what role they can play in advancing members’ research, education, and practice in the global arena.

The questionnaire will be brief and should take no more than 20 minutes to complete based on the length of your responses. You will be asked about the nature of your work, what organizations or institutions you may have partnered with, and if you have plans to conduct further international work in the near future. We will also gauge your feedback on some potential forthcoming collaborative opportunities.

The survey was developed by AGHE’s Global Aging Committee, under the direction of one of its members, GSA Fellow Margaret Neal, PhD. It is part of a larger effort to increase awareness of the global aging phenomenon as GSA prepares to host the World Congress of Gerontology and Geriatrics in San Francisco in 2017. The World Congress is convened every four years by the International Association of Gerontology and Geriatrics; GSA will also have a strong presence at the 2013 meeting in Seoul, Korea. In fact, the call for poster and symposium abstracts currently is open for the Korean World Congress. Further details are available at www.iagg2013.org.

We are also forming coalitions with other organizations by co-sponsoring or sending delegates to several international conferences. In February, AGHE’s Annual Meeting and Educational Leadership Conference welcomed a contingent of Chinese gerontologists interested to learn more about our educational programs. Later in the month, GSA served as a co-sponsor of the Second International Conference on Gerontology and Geriatric Medicine in New Delhi, India. GSA Fellow Ali Ahmed, MD, MPH, served as our representative there.

In May, GSA will be proud to be a co-sponsor of the Aging & Social Security International Conference, which is being held in Hangzhou, China. Our Society’s work with Chinese aging experts has consistently grown since we launched the China Initiative two years ago, which has proven very fruitful. (The front page of this newsletter provides more detail about the work that our visiting scholar, Ning Jackie Zhang, PhD, has conducted on the initiative.) In September, a five-person GSA delegation will attend the Chinese Geriatrics Society’s Chinese Congress on Geriatrics and Health Industry; in exchange, they will send five representatives to our Annual Scientific Meeting in San Diego.

Additionally, GSA has begun a dialog with the Pan American Health Organization (PAHO) to explore a possible partnership. PAHO itself serves as the Regional Office for the Americas of the World Health Organization (WHO), which is organizing the 2012 World Health Day on April 7. Every year, WHO selects a “pressing health challenge of universal concern for a year-long global dialogue on collaborative solutions.” This time, the focus is on healthy aging.

While we prepare for these new alliances, GSA and AGHE look forward to your responses to the current survey and to learning how we can better meet your needs. However, if you will be involved in an upcoming international event or conference where you feel a GSA presence would be beneficial, please let me know at jappleby@geron.org.

Sincerely,

James

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Joseph T. Mullan, PhD, passed away at age 62 on December 23, 2011, after a long battle with cancer. He was an associate professor in the Department of Social and Behavioral Sciences and an associate adjunct professor in the School of Nursing at the University of California San Francisco, where he had worked in various capacities since 1985. Much of Mullan’s research used a life-course perspective to understand how adults marshal social and psychological resources to adapt to stressful life circumstances, including chronic illness, disability, institutionalization, bereavement, and role strain.

New Publications by Members

“Grandparenting 101.” She discussed the issues involved in giving unsolicited advice about raising babies to one’s own adult children.

On December 6, 2011, CNN aired a story on aging and the lifespan of U.S. presidents. The report heavily focused on research conducted by GSA Fellow Jay Olshansky, PhD.

GSA Fellow Jeffrey M. Levine, MD, and Tara Cortes, PhD, were recently interviewed on ABC 7 News in New York regarding the Hartford Institute for Geriatric Nursing’s 115-square-foot display at 10 Rockefeller Plaza, which displayed research conducted by GSA Fellow Jay Olshansky, PhD.

On December 6, 2011, CNN aired a story on aging and the lifespan of U.S. presidents. The report heavily focused on research conducted by GSA Fellow Jay Olshansky, PhD.

GSA Fellow Carole Cox, PhD, who has developed a curriculum for empowering grandparent caregivers, was quoted in Time on November 15, 2011, in an article titled, “Grandparenting 101.” She discussed the issues involved in giving unsolicited advice about raising babies to one’s own adult children.

GSA Fellow Jeffrey M. Levine, MD, and Tara Cortes, PhD, were recently interviewed on ABC 7 News in New York regarding the Hartford Institute for Geriatric Nursing’s 115-square-foot display at 10 Rockefeller Plaza, which displayed the message, “Soon one out of every five Americans will be over the age of 65.”

Member Spotlight

GSAs website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Rodolfo G. Goya, DrPH

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: Allison H. Burfield, PhD

The recipient, who became eligible after referring new member Debra Hunt, PhD, 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.

Saunders Eldercare Workforce Alliance Co-Convener

Former GSA President Michèle J. Saunders, DMD, MS, MPH, has been named a co-convener of the Eldercare Workforce Alliance. The Institute of Medicine, in its critical report, “Retooling for an Aging America: Building the Health Care Workforce,” called for immediate investments in preparing our health care system to care for older Americans and their families. In response, The Eldercare Workforce Alliance was formed to propose practical solutions to strengthen our eldercare workforce and improve the quality of care for an aging America. Its membership consists of 29 national organizations, including GSA.

Hughes Receives Researcher of the Year Award

GSA Fellow Susan L. Hughes, PhD, has been named the 2012 University of Illinois at Chicago Researcher of the Year for Social Sciences and the Humanities. She currently is a professor of community health sciences in the School of Public Health, and is co-director of the Institute for Health Research and Policy’s Center for Research on Health and Aging. Her research focuses on the health of older adults, including long-term care policy, cost, and quality; the effectiveness of community-based services for older adults; the prevention of disability; adoption of and adherence to wellness behaviors in this population; and evidence-based physical activity programs for older adults with arthritis.

Prohaska Joins George Mason as Dean

GSA Fellow Thomas R. Prohaska, PhD, has been named the next dean of George Mason University’s College of Health and Human Services, effective July 1. Prohaska comes to Mason from the University of Illinois at Chicago, where he is a professor of community health sciences in the School of Public Health and co-director of the Center for Research on Health and Aging. His research focuses on public health, with a focus on community health and aging issues.

Rabig Joins Innovation Advisors Program

Judie Rabig, PhD, has been selected for the Centers for Medicare and Medicaid Innovation Advisors Program. The program, created by the Patient Protection and Affordable Care Act, is designed to give medical professionals the skills they need to assess and change the health care of large groups of patients, including in areas of economics and population health. Rabig currently is the vice president of innovation and research for an institute of the Masonic Health System of Massachusetts.

Dennis Appointed International Visiting Fellow

GSA Fellow Dennis L. Kodner, PhD, has been appointed by The Kings Fund as an international visiting fellow. The Kings Fund is a prestigious London-based charitable foundation whose work helps to shape policy, transform services, and enhance the leadership of the National Health Service. Kodner will co-direct a study jointly-funded by Aetna, Inc. and the Aetna Foundation of Hartford, CT, to study UK-based models of care coordination for people with complex chronic conditions and their implications for health care delivery in the U.S. The results of the two-year study, the first project supported by Aetna in the UK, are expected in 2013.
Aging Programs See Consistent Funding in Obama’s New Budget

President Barack Obama unveiled his FY 2013 proposed budget on February 13 before a capacity crowd at a community college in Annandale, VA. As to be expected in an election year, the budget proposal does not make major reforms in entitlements (e.g., Social Security and Medicare), but it appears that the administration strives to be mindful of the current state of the economy and judicious and even-handed in spreading the fiscal pain. Last September, Obama issued a deficit reduction proposal built on his view of shared sacrifice and shared responsibility, and the 2013 budget echoes these principles. Although it shies away from overhauling entitlement programs, it does introduce $364 billion in savings from reforms to Medicare and Medicaid; continues key efforts to save money through better care coordination, such as with the Accountable Care Organizations (ACOs); accelerates the adoption of electronic medical records; and adds $14 million to fight fraud, waste, and abuse.

The $3.8 trillion budget offers few surprises for the aging and health care fields. The budget for the National Institutes of Health (NIH), at $30.86 billion, is flat funded, making this the tenth year of no budget increases for the NIH. But it could be worse: the Health Resources and Services Administration (HRSA), which houses geriatric education and health professional training programs, saw a decrease, as did the National Institute on Nursing Research. Program Innovations were again zeroed out in the Older Americans Act (OAA). For decades, this program has funded valuable training, research, and demonstrations in the aging field. On the plus side, the National Institute on Aging ($522,000) and the Administration on Aging (AoA) increased slightly, as did the Corporation for National and Community Service and the Legal Services Corporation.

NIH Budget Notes

Within the NIH, the big winner was the National Center for Advancing Translational Sciences (NCATS). NIH wants to add $64 million, an 11 percent increase, to NCATS, including $40 million more for the Cures Acceleration Network. NCATS is charged with accelerating the transition between research and clinical advances and their application to patient care and treatment. The administration’s proposal also budgets $312 million in mandatory research and development funding for the Patient-Centered Outcomes Research Institute (PCORI) to conduct clinical comparative effectiveness research. The health care reform law, the Patient Protection and Affordable Care Act (PPACA), established PCORI as an independent advisory board with a $3 billion budget to support comparative effectiveness research. Its research on what works in medicine will be used by the Independent Payment Advisory Board (IPAB). The IPAB recommends ways of achieving savings in Medicare.

The National Science Foundation (NSF), the golden child of science agencies, garnered a whopping $340 million boost, the largest absolute increase in spending for any federal research agency. The NSF supports research in many of the areas that Obama has highlighted as critical for the nation’s economic recovery, such as clean energy and climate science, advanced manufacturing and cyber security, as well as improving science and math education. One of NSF’s newest programs is the Integrated NSF Support Promoting Interdisciplinary Research and Education (INSPIRE) program. With a budget of $63 million in 2013, the INSPIRE program plans to hold a competition for multimillion-dollar grants to small research teams willing to tackle grand challenges at the intersections of several disciplines.

Later this year, I will explore the role of various federal agencies in aging-related research, training, and demonstrations through interviews with some of your peers.

AoA Budget Notes

The AoA budget again proposes to bring two programs under its wing: the State Health Insurance Assistance Program (SHIP) and the Senior Community Service Employment program (SCSEP). SHIP is a national program that offers one-on-one counseling and assistance to people with Medicare and their families. SCSEP targets older adults seeking employment and training assistance. AoA would like to take over SHIP from the Centers for Medicare and Medicaid Services (CMS) and SCSEP from the Department of Labor. With these programs under the purview of AoA, the program participants would have better links to services and supports and the benefits of the aging services network. The SCSEP would increase AoA’s budget by $448 million, a significant portion of its $1.97 billion budget. AoA proposed the transfers last year, but they did not take place.

The AoA budget includes new funding of $8 million for Adult Protective Services. There is no such increase for any of the other programs of the Elder Justice Act. Last year, the Obama Administration proposed $21.5 million for first-time funding for the EJA; this year, the administration has reduced this request to the $8 million and eliminated the $5 million for the long-term care ombudsman program.

The AoA budget includes additional funding of more than $5 million for the Alzheimer’s Disease Supportive Services program, the only program within HHS that provides supportive services to patients suffering from Alzheimer’s disease and their caregivers. AoA requested $10 million for the Chronic Disease Self-Management Program (CDSMP) from the Prevention and Public Health Fund, the same as the FY 2012 enacted level. The Prevention
and Public Health Fund (Section 4002) is designed to target resources to activities that invest in prevention and public health programs to improve our nation's health while also restraining the rate of growth in public and private sector health care costs. CDSMP, by emphasizing an individual's role in managing his/her illness, helps participants to adopt healthy behaviors, improve their health status and reduce their use of hospital stays and emergency room visits. According to the AoA, studies indicate that the program “significantly improves participant health status, reduces the use of hospital care and physician services, and reduces health care costs.” AoA's goal is to make CDSMP a nationwide program.

Funding for OAA Title IV, such as the multigenerational and civic engagement demonstration projects that were under Program Innovations last year, was completely eliminated in this budget. As expected, there is an absence of funding for the Community Living Assistance Services and Supports (CLASS) program throughout the HHS budget. Last fall, HHS decided to pull the plug on CLASS, citing irreconcilable implementation difficulties. A bill to repeal the CLASS Act has been passed in the House of Representatives, but not in the Senate.

Budget Notes for Geriatric Programs under HRSA

HRSA's budget request for geriatric education is the same as the level enacted for FY 2012. Considering the current budget climate, this should cause us to breathe a sigh of relief, except that there is an urgent need for more health care professionals with geriatric training.

CMS Budget Notes

The CMS received a 26 percent increase, or about $1 billion. This funding is dedicated primarily to implementing health care reform (PPACA); 86 percent of the spending boost will go toward funding state health insurance exchanges, which are required to be up and running in January 2014.

As an example of the assumed savings, higher income Medicare beneficiaries would pay more for their Medicare Parts B and D premiums, saving the program $28 billion over 10 years. New beneficiaries who buy Medigap plans with low cost-sharing requirements would be required to pay a surcharge beginning in 2017. For the first time, the proposed budget creates a Medicare co-payment for home health services. Starting in 2017, the copayment for home health services would cost new beneficiaries $100 per episode and save $350 billion. The proposal also includes $267 million in cuts to Medicare providers.

The president's budget proposes to save the federal government $18 billion over ten years by “blending” the Federal Medical Assistance Percentage (FMAP) for Medicaid and the Children's Health Insurance Program for each state, beginning in 2017. The blended FMAP was proposed last summer using the justification that a blended FMAP will save states and the federal government money on administrative expenses currently expended on determining the separate matching rates.

The Next Steps

Under the Budget Control Act of 2011, the Congress must find $1.2 trillion in spending cuts over the next 10 years, otherwise a process called sequestration will enact automatic, across-the-board cuts to reach the reduction target starting January 1, 2013. The White House declared that this proposed budget achieves these cost-savings and will avoid sequestration.

In the best of all possible worlds, the budget process would proceed smoothly after the president releases his budget proposal; the budget committees of the House and Senate would use the president's budget as a blueprint or starting point and develop a spending plan amenable to both parties and both chambers. Congress would pass the budget in the late spring, then the appropriations committees would allocate money to the budgeted programs based on available revenue. The appropriations committees would finish their work in time for the new fiscal year to commence (October 1).

As negative as sequestration is, it is improbable that the Republican-controlled House and the Democrat-controlled Senate in a presidential election year will come up with anything close to this idealized version of the budget process because such a process involves compromise and action on behalf of the nation's best interests. The probable scenario is a continuing resolution on September 30 (when fiscal year 2012 ends) and a scramble to figure out something between November 7 (election day) and January 1, 2013. Maybe recent bipartisan compromises on the payroll tax holiday extension, unemployment benefits, and Medicare physician payments are a positive sign for the future.

Four Viewpoints on the Same Budget Proposal

President Barack Obama: “Part of our job is to bring down our deficit… We'll be able to reduce our deficit by $4 trillion by the year 2022… I'm proposing some difficult cuts that, frankly, I wouldn't normally make if they weren't absolutely necessary.”

House of Representatives Budget Committee Chairman Paul Ryan (R-WI): “President Obama's irresponsible budget is a recipe for a debt crisis and the decline of America… This budget does nothing to prevent the bankruptcy of critical programs, threatening the health and retirement security of current and future seniors.

Senate Budget Committee Chairman Kent Conrad (D-ND): “President Obama's budget would continue to move the nation in the right direction. For the near-term, it correctly focuses on strengthening the economy and creating jobs… The reality is the president inherited a fiscal and economic disaster. And his policies have played a critical role in the successful federal response.”

Republican Presidential Candidate Mitt Romney: “First of all, I think it is an extraordinary dereliction of duty to continue to forecast and plan for trillion dollar deficits. It is inexcusable. It imperils the country's future… I think the president has made a major error in that regard. Secondly, the president was not willing to talk about how we can secure Medicare and Social Security going forward.”
The following table summarizes the President’s FY 2013 Budget Request compared to the FY 2012 Congressional Appropriations. These figures are compiled from agency budget justifications, appropriations bills, and departmental budget documents.

### President’s FY 2013 Budget Request

<table>
<thead>
<tr>
<th>National Institutes of Health</th>
<th>FY 2012 Congressional Appropriations</th>
<th>President’s FY 2013 Proposed Budget</th>
<th>Change, FY 2012–FY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Institutes of Health full budget</td>
<td>30,860</td>
<td>30,860</td>
<td>-</td>
</tr>
<tr>
<td>National Institute on Aging</td>
<td>1,102.1</td>
<td>1,102.7</td>
<td>+.522</td>
</tr>
<tr>
<td>National Institute on Nursing Research</td>
<td>144,597</td>
<td>144,153</td>
<td>-.444</td>
</tr>
</tbody>
</table>

### Administration on Aging (AoA)

| Administration on Aging full budget | 1,971 | 1,978 | + 7 |
| Program Administration | 23,063 | 23,259 | +.196 |
| Home- and Community-Based Supportive Services | 366,916 | 366,916 | - |
| Preventive Health Services | 20,945 | 20,945 | - |
| Long-Term Care Ombudsman Program | 16,761 | 16,761 | - |
| Elder Abuse Prevention | 5,036 | 5,036 | - |
| Adult Protective Services | 0 | 8 | + 8 |
| National Family Caregiver Support program | 153,621 | 153,621 | - |
| Native American Caregivers Support program | 6,364 | 6,364 | - |
| Congregate Meals | 439,070 | 439,070 | - |
| Home Delivered Meals | 216,831 | 216,831 | - |
| Nutrition Services Incentive Program | 160,389 | 160,389 | - |
| Program Innovations | 0 | 0 | - |
| Native American Nutrition and Support Activities | 27,601 | 27,601 | - |
| Aging Network Support Activities | 7,873 | 7,873 | - |
| Alzheimer’s Disease Supportive Services Program | 4,011 | 9,537 | + 5.526 |
| Lifespan Respite Care | 2,490 | 2,490 | - |
| Aging and Disability Resource Centers | 16,457 | 10 | - 6.457 |
| Chronic Disease Self-Management Program | 10 | 10 | - |
| Senior Medicare Patrol Program | 9,402 | 9,402 | - |
| Elder Rights Support Activities | 4,088 | 4,088 | - |
| Senior Community Service Employment Programs (formerly under Department of Labor) | 488,251 | 488,251 | - |
| State Health Insurance Assistance Program (SHIP) | 52,115 | 51,902 | -.213 |

(President’s FY 2013 budget transfers SHIP from CMS to AoA)

### Health Resources and Services Administration

| Health Resources and Services Administration full budget | 6,206 | 6,088 | - 118 |
| Health Professions | 466 | 345 | - 121 |
| Geriatric Programs total | 30,629 | 30,629 | - |
| Geriatric Education Centers | 16,320 | 16,320 | - |
| Geriatric Training for Physicians, Dentists, and Behavioral Mental Health Professionals | 8,830 | 8,830 | - |
| Geriatric Academic Career Awards Program | 5,478 | 5,478 | - |
| Geriatric Career Incentive Award | 0 | 0 | - |
| Comprehensive Geriatric Education | 4,485 | 4,485 | - |

### Centers for Medicare and Medicaid Services

| Medicare | 476,674 | 510,426 | +33,752 |
| Medicaid | 255,119 | 282,699 | +27,580 |
| State Grants and Demonstrations | 604 | 474 | -130 |
| Center for Medicare and Medicaid Innovation | 733 | 1,090 | +357 |

### Corporation for National and Community Service

| Corporation for National and Community Service full budget | 1,049.2 | 1,063 | + 13.8 |
| AmeriCorps (including VISTA, NCCC, State and National) | 471.050 | 470.41 | -.64 |
| Senior Corps | 207,491 | 207,883 | +.392 |

### Social Security Administration

| Discretionary spending (e.g., program administration and research and development) | 11,678 | 11,723 | + 45 |
| Mandatory outlays (i.e., benefit payments) | 817,473 | 882,733 | +65,260 |
ESPO Members Reflect on Their Careers in Aging

Each spring during Careers in Aging Week, campuses and communities around the world hold events to bring awareness to the various career options for students who want to help meet the needs of our aging population. In this installment of ESPO News, two members reflect on their careers in aging and offer some advice to those who may be at the beginning of their career paths.

Natalie Leland, PhD, OTR/L, BCG

Natalie’s first job was working as an occupational therapist in a skilled nursing facility with older adults. After working for several years in this setting, she began a graduate program in gerontology. When discussing the transition back to school, Natalie said, “Throughout graduate school I maintained my clinical connection to stay current in practice and learn from my clients.”

She said she enjoyed the interactions with the patients, noting that they provided her with the real world perspective for the concepts she learned in school related to aging, healthcare, and policy. When talking about her current research interests, Natalie said, “My practice has been the main motivator for the research questions I have explored and continue to work on.”

After graduation and the completion of a post-doctoral fellowship, Natalie now works as assistant professor at the University of Southern California. As a faculty member, she continues to develop her own research agenda focusing on rehabilitation quality in skilled nursing facilities. She said she is now hoping to make an impact on her patient’s lives in a different way.

We asked Natalie what advice she had to offer students who are still finding their career path in aging. She said, “When I look back at my professional path, from my first clinical job after occupational therapy school to my current job as a junior faculty on the tenure-track, I realize there were many twists and turns along the way.”

She said she would not have predicted living in California when she was a student, and she encourages “all ESPO members to stay focused on where you want your career to take you. Identify the steps you need to take to achieve that professional goal and get involved in your profession. Do not get frustrated if that initial path you plan does not pan out. Take the time to readjust your approach and keep working towards those goals.”

She credits her involvement in GSA, ESPO, and other state and national organizations as helpful in making the connections she needed to grow professionally and learn about potential job opportunities. Natalie said that the people she met through professional service have served as mentors in a variety of ways as she has navigated the path to her first faculty position.

Glenise McKenzie, PhD, RN, MN

Glenise is currently an assistant professor of nursing at Oregon Health & Science University. She entered the nursing field as a direct care worker. As a young nurse, Glenise had a nurse mentor who readily listened to her questions and inspired her to explore what makes people “well and not-well.” Spurred by this experience, Glenise secured her baccalaureate in nursing from Washington State University.

In this field, she enjoyed the direct involvement with patients and families, secure employment opportunities, and numerous research options. She was intrigued by the psychiatric needs of older adults in acute care and helped to open the first geriatric psychiatry hospital unit in Seattle, WA.

After 20 years working as an RN, she decided to pursue her master’s and PhD in nursing. Funded by the National Institute for Occupational Safety and Health, Glenise’s PhD work focused on the health care work force and the needs of older adults with dementia.

In her current role, she is able to combine both her psychiatric and occupational expertise working with nursing students in a simulation lab and helping the students develop the communication skills they will need to work with persons with dementia and those that provide their care. We asked Glenise how she would advise her 16-year-old self about her career path.

“I am very happy with my career,” she said, noting that she would have advised her younger self to stay on the nursing career trajectory. She added that throughout her career she was able to focus on issues that really interested her and, at the same time, contribute to the science of health care. In Glenise’s case, the gerontological nursing path offered intellectual challenges, meaningful experiences, and multiple opportunities for self-development.

Careers in Aging Week 2012

Both Glenise and Natalie’s careers in aging offer some insight into the diverse pathways that can lead to careers in research or in teaching roles at colleges and universities. For more information on other types of careers in aging or events taking place in your community for this year’s Careers in Aging Week (April 1 through 7), visit www.careersinaging.com.

Special thanks are given to Newsletter Task Force member Allison Lindauer for her participation in the writing of this article and to Dr. Natalie Leland and Dr. Glenise McKenzie.
NEW MEMBER BENEFIT • GSA members now receive a 22% discount on an annual subscription to MedInfoNow’s valuable literature update service, delivering subscribers personalized updates of the most authoritative databases of journal articles (Medline®) and print and electronic books (Doody’s Review Service™).

As a GSA member, receive a FREE trial of MedInfoNow and gain limited-time access to all features of the service!

Sign up at geron.org/medinfonow.
Further details about how members can become involved in the program are available at www.geron.org/visitingscholar. There are no specific requirements of the scope of the visiting scholar’s work; GSA will confer with interested members to find a new or existing GSA endeavor that would benefit from their expertise. In return, the scholar would be able to utilize the full resources of the Society to advance the project.

Zhang chose to work on GSA’s China Initiative during his term as a visiting scholar. He is both a native of China and a co-convener of GSA’s Chinese Gerontology Studies Interest Group.

To date, he has established a working relationship with the *Chinese Medical Tribune* to publish a gerontology-focused column within its pages; aided in the planning of GSA’s presence at three Chinese gerontology conference, recruited and engaged new GSA members from China, including the development of a mentorship program to help them with abstract submissions and career development; expanded the work of the Chinese Gerontology Interest Group; and facilitated discussions between GSA and industry partners, such as Merck & Co., Inc., to explore future collaboration.

Zhang said he found his work on the mentorship program to be particularly fulfilling.

“Last year, we had eight scholars from mainland China, Hong Kong, and the U.S.,” he said. “Seven volunteer mentors were matched to the mentees based on their research interests. With the assistance of GSA, we had the first face-to-face mentoring meeting during the GSA annual conference in Boston. The mentees expressed great enthusiasm and satisfaction.”

He added that this year, the Chinese Gerontology Studies Interest Group has enrolled 14 new mentees and 7 new mentors for this program. He said he felt it has become a well-established channel for new Chinese members to become involved with GSA.

**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.

**GSA President-Elect**
Rosemary Blieszner, PhD
Keith Whitfield, PhD

**Behavioral and Social Sciences (BSS) Section Chair**
Steven Albert, PhD
Thomas Hess, PhD

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According to information provided by the HHS, other initiatives that will be supported include education and outreach to improve the public's understanding of Alzheimer's disease; outreach to enhance health care providers' knowledge of the disease; expanded support for Alzheimer's patients and caregivers in the community; and improved data collection and analysis to better understand Alzheimer's disease's impact on people with the disease, families, and the health care system.

“These new funds will help increase our understanding about how to manage Alzheimer's disease, especially those services that allow families to plan in the early stages and support family caregivers,” Greenlee said.

Alzheimer's disease is the sixth leading cause of death in the U.S., according to the U.S. Centers for Disease Control and Prevention. More than 5 million people currently are estimated to suffer from Alzheimer's, a number that is projected to double by 2050.

“These projections are simply staggering,” Collins said. “This new funding will accelerate NIH's effort to use the power of science to develop new ways of helping people with Alzheimer's disease and those at risk.”
ASSOCIATE DEAN FOR RESEARCH AND GRADUATE EDUCATION

The University of Georgia invites applications and nominations for the position of Associate Dean for Research and Graduate Education in the College of Family and Consumer Sciences.

To see the full position description, please go to www.hr.uga.edu/ad-rge.pdf.

Confidential requests for information may be directed to:
Michael Luthi, Primary Consultant with the UGA Search Group, 706-542-1837 or Dr. Lynn Bailey, Search Chair, folate@uga.edu.

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DEPARTMENT OF OCCUPATIONAL THERAPY
Assistant Professor, Tenure-Track
BEGINNING SEPTEMBER 1, 2012

The qualified candidate will have an earned research doctorate and a record of high level competency in scholarship and teaching experience for occupational therapy. Expertise in clinical geriatrics/gerontology and public health preferred. It is a requirement that the applicant be credentialed and eligible for the New York State license in Occupational Therapy upon hire, however, other disciplines with relevant experience in clinical geriatrics/gerontology and public health will be considered. Responsibilities will include an active agenda of research and publication; graduate teaching and the ability to advise doctoral dissertation research; and participation in faculty meetings, committees and other service appropriate to a university faculty member is expected.

NYU is committed to building a culturally diverse educational environment and strongly encourages applications from historically underrepresented groups.

Please apply online with a two-page letter of interest highlighting qualifications, curriculum vitae, three letters of reference, and at least two samples of peer reviewed publications. The three letters of reference should be submitted online directly to the committee by the referees.

www.nyuopsearch.com/applicants/Central?quickFind=51043

Further information about the position can be obtained from: Kristie P. Koenig, Ph.D., OTR, FAOTA, Chair of the Search Committee, New York University, Steinhardt School of Culture, Education, and Human Development, Department of Occupational Therapy, 35 West 4th Street, Room 1103 New York, NY 10012-1172, email: occupational.therapy@nyu.edu. Ph: 212-998-5825

Review of applications will begin December 1, 2011 and will continue until the position is filled.
End-of-Life Case Brought Before Canada’s Supreme Court

As reported in Globe and Mail, the Supreme Court of Canada will be presented with an end-of-life case where medical doctors in Canada believe a man should be taken off life support, but the family opposes the decision. The debate revolves around the family’s belief that their loved one will recover, despite physicians’ beliefs that life support is not providing any medical benefit. The outcome of this case could set a national precedent for end-of-life care, when medical professionals and families do not agree on the strategy of care. This controversial issue is exacerbated due to Canada’s public health care system, due to efforts made by medical personnel to allocate resources the best way possible.

Iranian Elders Find Honored Place Within Communities

The Tehran Times published an article highlighting the cultural status of aging in Iran. Elder Iranians are viewed with high regard and respect, as older family members are considered the “barkat” (literally meaning, blessings that generates prosperity) of the house. White hair is a sign of wisdom within Iran’s culture, and in order to comply with polite behavior and good manners, one always greets an older Iranian, stands up in respect before them, and never stretches his or her legs or raises his or her voice in an elder’s presence. Ancient Iran was among the first civilizations to appoint an annual day to honor their elders and to offer gratitude to their contributions. Asis Vang, which honors elders, is celebrated on the September 16, and according to some records this ceremonious day dates back to at least 3,000 years.

Ireland Diocese Struggles To Provide Financial Assistance, Care to Aging Priests

Irish dioceses are facing struggles to pay for nursing home care for their retired priests, according to an article in The Independent. Although the majority of dioceses have a fund to assist with the cost of aged care, the numbers of seminarians are decreasing while the numbers of retiring priests are increasing. Therefore, there are fewer working priests to contribute to the fund. A recent survey of 20 out of the 26 dioceses in Ireland found that 450 priests have reached retirement age, 75, and 79 of those individuals require full-time nursing home care. In comparison, there are only 75 seminarians training for the priesthood in these 20 dioceses.

Latin America Countries Top Retirement Destination Lists

According to Stabrock News, International Living Magazine rated Ecuador, Panama, and Mexico as three of the top destinations in its Retirement Index 2012. These Latin American countries have a low cost of living coupled with warm weather. Eight out of the ten locations ranked were Latin American nations. Locations were assessed using eight categories: the price and availability of property, special benefits for retirees, cost of living, integration and assimilation into the local population, entertainment and amenities, health infrastructure, availability of high-quality healthcare, and climate.

France’s Public Funding for Older Adults Has Declined

The Guardian recently published a story about France’s difficulties in providing care to its older adult population. According to the government’s “Living Together Longer” report, in 2010, the cost of care for seniors in France was estimated at 34 billion Euros, 77 percent of which was covered by the public sector. The union CGT recently claimed that this funding has been sharply cut and had estimated that up to 15,000 beneficiaries would lose their care services in 2011. French citizens aged 80 years or older are expected to grow 104 percent by the year 2035. This may lead to a large proportion of older people falling below the poverty line. Although addressing the needs of older people in France will continue to be a challenge, there is some government agreement to offer health and a fitness program to treat mild ailments and offset the need for medical services until it is the only remaining option.

Singapore Expands Seniors Services

Singapore News has reported that the country’s government quickly moving to expand services for the older adult population. It is estimated that 117,000 older Singaporeans will have mobility issues by the year 2030, which is 2.5 times larger than those with ambulatory problems today. Many initiatives will be discussed by the Ministerial Committee on Aging, some of which involve preventive screening, the promotion of more healthy lifestyles among the aged, and providing additional senior activity centers. Other ideas the government is exploring are additional adult day centers, nursing homes, and other facilities to address the needs of this growing population.

English Divorces Leads to Split Pensions

According to The Telegraph, in the past year there has been an 11 percent increase in the number of English couples sharing pensions who are now divorcing. Therefore, more individuals are accessing their retirement funds when they divorce. More than one in 10 financial settlements ordered by judges following a divorce includes a financial arraignment to divide the largest wage earner’s pension. The age of divorces is also increasing. A law stipulating that spousal were entitled to half of the breadwinner’s occupational pension upon divorce came into effect in 2000.
Get To Know Your Fellows!

We met up with some prominent GSA Fellows to ask them what they thought about GSA. Photographed at the GSA 64th Annual Scientific Meeting, see the Fellow snapshots at geron.org/gettoknow.

“[Fellows"

*Fellowship — the highest class of membership within the society — is an acknowledgment of outstanding and continuing work in the field of gerontology.

Immediate Past-Chair of GSA Biological Sciences Section. Past-President of the AGE. Chair of the AFAR Postdoctoral Research Committee. University of North Dakota Chester Fritz Distinguished Professor. Organizing Chair of the International Symposium on Neurobiology and Neuroendocrinology of Aging. Past Chair of the Gordon Research Conference on Biology of Aging. **GSA Fellow.*

“[Annual Scientific Meeting of the GSA brings together four distinctive sections of the society to present their latest research findings in gerontology. This is a major opportunity for cross-fertilization and exchange of ideas both within and between sections that occurs at no other meeting focused on aging, age-related disease and the societal settings unique to the elderly. It is an incredible environment for junior investigators, those new to gerontology and those already in the field to learn!”

Holly M. Brown-Borg, PhD

Founded in 1945, The Gerontological Society of America (GSA) is the driving force behind the advancement of gerontology worldwide. We believe the intersection of research from diverse areas is the best way to achieve the greatest impact and promote healthy aging.

Be a part of the leading multidisciplinary society on aging research. Learn more at geron.org/membership.
NIH Common Fund Issues Two Funding Opportunities
The National Institutes of Health (NIH) Common Fund has issued two funding opportunity announcements (FOA) for the Health Care Systems (HCS) Research Collaboratory Program. The overall goal of this program is to strengthen the national capacity to implement cost-effective large-scale research studies that engage health care delivery organizations as research partners. These FOAs solicit applications for a Coordinating Center and Pragmatic Trials Demonstration Projects. The Coordinating Center letters of intent are due March 27 and the application receipt date is April 27. The Pragmatic Trials Demonstration Projects letters of intent are due April 2. The application receipt date is May 2. The NIH Common Fund (formerly the NIH Roadmap) encourages collaboration and supports a series of exceptionally high impact, trans-NIH programs. These programs are supported by the Common Fund, and managed by the NIH Office of the Director in partnership with various NIH institutes, centers, and offices. Additional information about the NIH Common Fund can be found at commonfund.nih.gov.

NIA Encourages Biodemography Research
The National Institute on Aging (NIA) is welcoming applications for research combining demographic and life-science approaches to expanding the current understanding of aging/senescence, frailty, and mortality. Applications should include evolutionary and life history theories as a framework for investigating individual and population-level factors that underlie changes in lifespan and healthy life expectancy, including sex and population differentials in late-life frailty and mortality. The application due dates are March over the next three years. The full description can be viewed at grants.nih.gov/grants/guide/pa-files/PAR-12-080.html.

NIH Funds Slated for Medication Adherence Studies
Several agencies within the National Institutes of Health (NIH) have issued a funding opportunity announcement for the research and development of novel, practical interventions to improve adherence to medication. Development of interventions/approaches with the potential to significantly improve medication adherence in patients with chronic health conditions in settings where primary health care is delivered (including, dental, and eye care settings) are encouraged. Applications may target medication adherence in the context of treatment for a single illness or chronic condition (e.g., hypertension) or multiple comorbid conditions (e.g., hypertension and HIV/AIDS). Applicants should demonstrate the feasibility of collecting multi-modal data on the targets of the intervention, including a patient self-report of medication adherence and at least one other non-self-report measure of medication adherence (e.g., pharmacy refill records, electronic monitoring, etc.), as well as a health outcome or biomarker (e.g., blood pressure, viral load in HIV patients, cholesterol levels, HbA1c or clinical assessment for conditions in which there is no validated biomarker) that is expected to be affected by changes in the targeted adherence behavior. This funding opportunity expires January 8, 2014.

Policy Fellows Program Welcomes New Applications
The deadline to apply for a 2012–2013 Health and Aging Policy Fellows Program is May 15. This national program, supported by The Atlantic Philanthropies in collaboration with the American Political Science Association Congressional Fellowship Program, 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 goal is to create a cadre of leaders across multiple disciplines and career stages to serve as change agents to improve the lives of older adults. Residential fellows work full-time in a nine-to-12-month placement (in the US Senate or House of Representatives, executive agencies, or “think tank” organizations). Non-residential fellows remain in their current positions while working on a specific policy project which may involve brief placement(s) throughout the year at relevant sites. For more information, visit www.healthandagingpolicy.org.

Intra-NIH Partnership Encourages Climate Change Research
Several agencies within the National Institutes of Health (NIH) have issued a funding opportunity announcement focused on climate change and its impact on human health. This grant encourages research applications to examine the differential risk factors of populations that lead to or are associated with increased vulnerability to exposures, diseases and other adverse health outcomes related to climate change. Applications may involve either applied research studies that address specific hypotheses about risk factors or population characteristics associated with increased vulnerability, or research projects to develop general models or methods for identifying and characterizing population vulnerability to climate change. The ultimate goal of this research program is to help inform climate change adaptation and public health interventions to reduce current and future vulnerability of various populations to the health effects of climate change. Applications are anticipated to involve a multidisciplinary research team, including experts in health sciences and climatology as well as geography, modeling, statistics, demography, and social and behavioral sciences as appropriate. In addition, partnerships with community-based or advocacy organizations, public health officials, urban planners and others are encouraged. The deadline for applications is May 24. Further details can be found at grants.nih.gov/grants/guide/pa-files/PAR-10-235.html.
You or Your Colleague Could Be One of Next Year’s GSA Awardees.

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