Researchers Begin to Unlock Aging Immune System

Immunosenescence — the gradual change in the immune system brought on by age — can result in autoimmunity, increased susceptibility to infectious disease, and other morbidity and mortality among older adults. And although immunosenescence blunts the response to vaccines to reduce disease among this population, few efforts have proven as useful in enhancing immunity and preventing disease as vaccination, according to the latest issue of GSA's WHAT'S HOT newsletter.

“Immunosenescence: Implications for Patient Care,” developed by GSA in collaboration with Sanofi Pasteur, provides readers with snapshots of noteworthy research presented at key conferences, articles published in pre-eminent scholarly publications, and includes effectiveness of influenza vaccines and the clinical data for how a new higher-dose vaccine works in older adults.

“Immunosenescence may seem like an obscure change with age, but we see it play out in our everyday lives, whether it be the pace at which cancer grows, response to vaccine, Alzheimer’s disease, diabetes, or risk for a maiming or lethal infection,” said Stefan Gravenstein, MD, MPH, who served as adviser on the newsletter.

“This issue touches on one aspect of this as it relates to infection, and that there’s plenty that

Survey Provides Snapshot of International Teamwork

The recent global activities survey that GSA conducted with its educational branch, the Association for Gerontology in Higher Education (AGHE), found that over half of the respondents — 54 percent — have worked on aging-related projects with colleagues outside their own country over the past five years. Looking ahead, 69 percent said they definitely or maybe would be involved in such partnerships over the next five years.

The questionnaire was conceived by former AGHE Global Aging Committee Chair Frank Whittington, PhD, and designed by Margaret Neal, PhD, a co-chair of the committee, with assistance from current Chair Margaret Perkinson, PhD, and member Candace Brown, MAG, MEd. It was deployed to GSA and AGHE members in May and June, 2012, and garnered 543 responses.

“We’ve learned that the global community of gerontologists is becoming increasingly connected,” Neal said. “It is encouraging that GSA and AGHE are beginning to recognize their role in this arena. The survey results demonstrate the international reach of the organizations and provide a baseline against which we can measure our progress in coming years. They also provide data from respondents on how we can best support members in their work.”

Such suggestions included focus groups, translation services, grants to attend meetings, networking sessions, mentoring programs, and online listservs.

Among the survey responses, 15 percent came from outside the U.S. (similar to GSA’s membership makeup), representing 27 other countries — with Canada having the largest representation, followed by Sweden, the U.K., Germany, and Australia.

Continued on page 6
The Careers in Aging Week
Vanguard Needs You

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

From the Executive Director

The gerontology education community
received a bit of a surprise last month
when the University of Massachusetts
Boston announced the suspension of
admissions into its undergraduate
gerontology program, citing chronically
low enrollment. This was an interesting
development given that the university’s
graduate degree programs are some of the
strongest in the country, but school
officials assured the public that personnel
were already working to improve
recruitment strategies and update program
content in the hopes of making the
program active again.

UMass Boston can’t be singled out here,
though, because we have seen this type of
situation arise in other schools before, and
we’ll likely see it again. It’s been five years
since the Institute of Medicine issued its
major report forecasting the shortage of an
adequately trained workforce to meet the
needs of America’s aging population, and
some gerontology programs are still
struggling to attract students.

In these cases, faculty and staff
instructors may even be called upon to
drum up interest among potential enrollees,
something that may not be typically part of
their job description. Fortunately, GSA has
the perfect tool for this situation, and it’s
one that all our members should take
advantage of: Careers in Aging Week.

This is an annual event — organized by
GSA and its educational branch, the
Association for Gerontology in Higher
Education — intended to bring greater
awareness and visibility to the wide-
ranging career opportunities in aging and
aging research. Careers in Aging Week
2013 is taking place from April 7 to 13.

Universities and colleges across the
world participate by sponsoring events at
their schools or in their communities. We
have a number of resources to support
these efforts at www.careersinaging.com.
Each institution is entitled to a free Careers
in Aging Week toolkit, which includes
booklets, brochures, and promotional items
such as pens, posters, and notepads. It
also features advice for organizing
informal gatherings, panel discussions,
poster sessions, career fairs, and film
screenings. The two John A. Hartford
Foundation-funded programs that GSA
administers, the Geriatric Social Work
Initiative and the National Hartford Centers
of Gerontological Nursing Excellence, are
teamng up with GSA and AGHE to offer
$400 awards to select schools to support
Careers in Aging Week activities.

For example, in 2012, Syracuse
University used such funds to host a
gerontology career fair where local
professionals gave presentations and a
keynote address on “The Graying of
America,” while the University of San
Francisco’s Department of Psychology
hosted a panel discussion featuring the
head of diversity for the Northern
California Alzheimer’s Association, a
Veteran’s Administration geropsychologist,
and a coordinator of the Center for
Elders and Youth in the Arts at the
Institute on Aging.

The American public sees academic
intuitions as leaders in charting new
directions for societal change. In a recent
AGHE newsletter, I issued a “homework
assignment” to readers (whose main focus
is education), asking them for ideas on
how GSA can further help them spread the
word about the benefits of gerontology
careers to as broad an audience as
possible. I would like to open this invitation
to all GSA members, too. What additional
resources could we provide for you? An
online library of presentations on aging
careers? A more robust website with job
listings? Please share your ideas with me
at jappleby@geron.org.

James

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New Publications by Members


Members in the News

• Patricia Heyn, PhD, was quoted in an article published in The Daily on November 18, 2012, regarding mobility issues among older adults.

• GSA Fellow Lisa Brown, PhD, appeared in a The New York Times article on November 5, 2012, discussing how natural disasters increase older adults’ levels of mortality and morbidity.

On November 18, 2012, Douglas Reed, PhD, was quoted in a The Daily Ardmoreite article discussing options for elder care, and the myriad items to consider when selecting the care of loved ones.

Member Spotlight

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

The current spotlight shines on:

John Paul T. Abenojar, BS, MSW
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:

Lisa Gwyther, MSW, LCSW

The recipient, who became eligible after referring new member Bobbi Matchar, MSW, MHA, 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.

Dyer Becomes Texas Hospital’s Chief of Staff

Carmel B. Dyer, MD, has been named chief of staff at the Lyndon B. Johnson General Hospital, part of the Harris Health System, in Houston, TX. She also was named associate dean for Harris County Programs for the Medical School. Dyer is the fourth chief of staff in the hospital’s history. She previously served as the Roy M. and Phyllis Gough Huffington Chair in Gerontology and director of the Geriatric Medicine Division at the University of Texas Medical School. She was a delegate to the 2005 White House Conference on Aging and also founded the Geriatrics Program at the Texas Elder Abuse and Mistreatment Institute. Dyer is an internationally recognized expert on geriatrics and elder abuse.

University of Delaware Welcomes De Grey’s Talk

The Socratic Club at the University of Delaware welcomed a talk by GSA Fellow Aubrey de Grey, PhD, titled “Regenerative Medicine: A Realistic Prospect for Defeating Aging Altogether” in October 2012. An English author and theoretician in the field of gerontology, de Grey is the chief science officer of the SENS Foundation. He is editor-in-chief of the academic journal Rejuvenation Research, author of “The Mitochondrial Free Radical Theory of Aging” (1999) and co-author of “Ending Aging” (2007). De Grey’s research focuses on whether regenerative medicine can thwart the aging process. He works on the development of what he calls “Strategies for Engineered Negligible Senescence,” or SENS, a tissue-repair strategy intended to rejuvenate the human body and allow an indefinite lifespan. He has identified seven types of molecular and cellular damage caused by essential metabolic processes. SENS is a proposed panel of therapies designed to repair this damage.

Morhardt’s Lecture Details ‘Buddy’ Program

Darby Morhardt, MSW, an associate professor at Northwestern University’s Feinberg School of Medicine, gave a lecture in October 2012 at Eastern Illinois University that focused specifically on what she has learned from “The Buddy Program,” which she co-founded 14 years ago. The program pairs up first-year medical students with patients who have recently been diagnosed with dementia, Alzheimer’s or a similar disease. Morhardt works with the medical students and keeps track of what they are learning throughout the process and how the program affects them.

Hayflick’s Recollections Archived Online

An in-depth interview with former GSA President Leonard Hayflick, PhD, has been archived in many segments on Web of Stories, an Internet site that lets individuals archive personal recollections for future generations. Hayflick is an internationally recognized microbiologist whose work has revolutionized cell biology. In 1961, he discovered that human cells have a limited capacity for replication before dying out, which came to be known as the “Hayflick Limit.” He also produced the first oral polio vaccine, work which contributed to significant virus vaccine development. In these video clips, Hayflick recalls his early fascination with science and explains the process of the Hayflick Limit. He also talks about the global distribution of vaccines as a result of his work on the WI-38 cell strain. This in-depth new footage of Hayflick can be viewed at www.westofstories.com/play/54625?fromPressRelease=true.

Dugan, Colleagues Chosen for Massachusetts Project

As reported in The Mass Media on November 20, 2012, GSA Fellow Elizabeth Dugan, PhD, at University of Massachusetts Boston, and her fellow researchers Frank Porell, PhD, and GSA Fellow Nina Silverstein, PhD, were awarded $96,504 by the Tufts Health Plan Foundation to provide statistics on aging communities in Massachusetts. The statistics are required for a Tufts Health Plan Foundation initiative to improve the health and well-being of older adults in Massachusetts, which started in July 2012. Dugan’s PhD students and GSA members Kristina Turk and Chae Mau Lee are also involved in the project. Dugan said her research team’s goal is to gain a better understanding of health-related issues among people over the age of 65. They will focus on older populations within different zip codes to gain a detailed understanding of their health throughout the state.
Transforming Advanced Care: Have We Reached a Tipping Point?

I recently attended a conference that was the real deal — the focus was mesmerizing, the energy palpable. There were Republicans and Democrats in the same room, on the same page. There were representatives from nonprofits, for-profits, providers, advocates, researchers, and analysts. Were we discussing the fiscal cliff, climate change, immigration, or Social Security? No. It was the National Summit on Advanced Illness Care, sponsored by the Coalition to Transform Advanced Care (C-TAC), and we all shared a common goal to transform the way our society cares for people with advanced illness.

“Advanced illness” is defined as the period of illness when functioning declines, treatments no longer work as well, and quality of life takes a turn for the worse. As illness becomes more debilitating, clinical interventions become more frequent. Studies show that the average Medicare beneficiary with one or more chronic conditions sees eight different physicians each year. It is at this stage when the medicalization of health care tends to overtake the needs and wishes of the patients themselves. Advanced illness, due to disease, chronic conditions, and disability, can happen to anyone at any age. However, the vast majority of people with advanced illness are older than age 65.

According to the popular book by Malcolm Gladwell, the tipping point of a movement is achieved when three elements converge: a few key types of people champion an issue, the issue sticks in people’s minds and attention, and the context or environment is fertile for the issue to gain popularity. Those of us at the January 29 to 30 C-TAC summit may very well have been at the metaphysical cusp of the tipping point. The meeting participants included key players in the largest sense: CEOs of major corporations, U.S. senators, medical experts, experienced advocates, nurses, doctors, hospital administrators, research directors, and association presidents — people at the top of their field and the top of their game. The media had a strong presence, too. Panelists discussed an impressive array of issues over the two-day conference, including caregiving issues, employer roles, faith community roles, public communication, advance care planning, new models of care, education, policy and financing reforms, culture change, and next steps.

U.S. Assistant Secretary for Aging Kathy Greenlee delivered the conference’s keynote address, saying, “This has to be about the goals, choices and respect of the individual.” Four U.S. senators, Johnny Isakson (R-GA), Ron Johnson (D-WI), Mark Warner (D-VA), and Sheldon Whitehouse (R-RI), gave their perspectives. Isakson succinctly summed up the movement with the quip, “Don’t you want to be there when the most important decisions of your life are made?”

Mark McClellan, a former Centers for Medicare and Medicaid Services administrator, moderated a panel on “Assessing the Benefits & Costs of Transforming Care,” a topic that I touch on in this column. Another well-received panel addressed “Empowering the Public to Make Informed Decisions and Plans.” Nancy Brown of the American Heart Association aptly observed, “Advanced illness is as predictable as anything that may arise in our lives, but when it arrives, we are woefully unprepared.”

As Theresa Connor, JD, of Compassion & Choices, observed, “The C-TAC summit provided a great opportunity to network with other health care leaders and consumer advocates who share our organization’s commitment to transforming advanced illness care in America, focusing more on the patient, and preventing unwanted care.”

Beyond the Tipping Point

The environment for transformation is positive. We are at the confluence of astronomical health care costs, the aging of the population, and an increase in the number of people with multiple chronic illnesses. The realization that the best health care enhances the quality of life throughout the lifespan, including throughout advanced illness and at the end of life, has been growing for years. Charles Sabatino, JD, director of the American Bar Association’s Commission on Law and Aging and former president of the National Academy of Elder Law Attorneys, said, “I have had the privilege of participating in the creation of this coalition and what we hope is a movement, and believe it represents a major sea change in health care system reform.”

If you are in the health care and aging fields, you may not realize that you have been part of the movement. With the first health care reform go-round in 1993, there was talk about quality of care and consumer protection, in addition to access and cost. This time around, concepts of care coordination, transitions, advanced directives, and end-of-life care rose to the fore. Underlying this terminology are the hardly radical concepts of revealing patient preferences, allowing patients and their families to be in on the medical decision-making, foregoing unnecessary procedures, finding peace at the end of life, understanding the benefits and limits of medicine and technology, and seamlessly weaving many types of care into one nurturing quilt for the individual.

But remember, we are not talking just about the end of life, palliative, or hospice care. Advanced illness care encompasses all of that and more. Many individuals with advanced illness are not ready for such care. It is a broader definition and period of time when patient and family centered care, care coordination, and avoiding unwanted care is so important.
No longer can we just accept throwing prescriptions, medical tests, and multiple hospitalizations at illness. We are asking: How are our health care dollars being spent? How are the quality of life and the quality of death affected by medical interventions? What really works for the individual? C-TAC board member and Sutter Care at Home Chief Medical Office Brad Stuart, MD, put it this way: “The best way to treat people is to create a plan of care that supports the kind of life they want to live, not the kind of disease treatment that we think is best for them.” If we have reached that tipping point it may be the beginning of something very fulfilling in the aging and health care arena, but either way, it is gratifying to know that the decades of research and work of thousands of our colleagues in the health and aging fields has brought us to this positive place.

New Study Highlights Need for C-TAC Success

A study recently reported in the Journal of the American Medical Association and conducted by Joan M. Teno, MD, et. al., looked at Medicare claims data for the years 2000, 2005, and 2009 to assess the care received by Medicare beneficiaries in the last months of their lives. The authors wanted to examine whether the spread of hospice and palliative care would reduce aggressive treatments for dying and seriously ill adults.

“However,” they write, “our findings in a population of fee-for-service Medicare beneficiaries do not bear this out. The use of hospice services increased from 21.6 percent in 2000 to 42.2 percent in 2009, with one-half of the Medicare beneficiaries with a dementia diagnosis and 59.5% of cancer decedents receiving hospice services at the time of death… Despite expansion of hospice care and previously reported growth of hospital based palliative care teams, there were increases in the use of an ICU; hospitalizations in the last 90 days of life; and the rates of transitions, including transitions in the last 3 days of life, from 2000 to 2009.”

C-TAC FACTS

C-TAC is a Washington, DC-based nonprofit, nonpartisan partnership of patient and consumer advocacy groups, health care professionals, providers, payers, faith-based organizations, and individuals who are committed to helping all people with advanced illness receive compassionate, coordinated care consistent with their personal goals and values. C-TAC’s guiding principles reflect the person-centered approach to advanced illness care, while tapping into the best practices of care coordination:

- Protect Human Dignity
- Ensure Access to High Quality Care
- Provide Continuity, Coordination, and Comprehensiveness
- Ensure well-prepared, empowered individuals and families
- Customize care to reflect patient preferences
- Develop and support skilled, compassionate, and responsive providers

For information about C-TAC, including material from the summit, visit thetac.org or e-mail ctac@advancedcarecoalition.org. In addition, follow them on Twitter at @CTACorg. C-TAC is funded in part by grants from The SCAN Foundation, the Peter G. Peterson Foundation, and the support of its members.
Empathy Levels Highest Among Middle-Aged Women

Looking for someone to feel your pain? Talk to a woman in her 50s. According to a new study of more than 75,000 adults, women in that age group are more empathic than men of the same age as well as younger or older people.

“Overall, late middle-aged adults were higher in both of the aspects of empathy that we measured,” said Sara Konrath, PhD, an assistant research professor at the University of Michigan Institute for Social Research and co-author of an article on age and empathy appearing in the Journals of Gerontology Series B: Psychological Sciences and Social Sciences.

“They reported that they were more likely to react emotionally to the experiences of others, and they were also more likely to try to understand how things looked from the perspective of others,” she said.

Konrath and colleagues Ed O’Brien and Linda Hagen of the University of Michigan and Daniel Grühn, PhD, of North Carolina State University analyzed data on empathy from three separate large samples of American adults, two of which were taken from the nationally representative General Social Survey. They found consistent evidence of an inverted U-shaped pattern of empathy across the adult life span, with younger and older adults reporting less empathy and middle-aged adults reporting more.

According to O’Brien, this pattern may result because increasing levels of cognitive abilities and experience improve emotional functioning during the first part of the adult life span, while cognitive declines diminish emotional functioning in the second half.

But he said more research is needed in order to understand whether this pattern is really the result of an individual’s age, or whether it is a generational effect reflecting the socialization of adults who are now in late middle age.

“Americans born in the 1950s and ’60s — the middle-aged people in our samples — were raised during historic social movements, from civil rights to various antiwar countercultures,” the authors explained. “It may be that today’s middle-aged adults report higher empathy than other cohorts because they grew up during periods of important societal changes that emphasized the feelings and perspectives of other groups.”

Earlier research by O’Brien, Konrath, and their colleagues found declines in empathy and higher levels of narcissism among young people today as compared to earlier generations of young adults.

O’Brien and Konrath said they plan to conduct additional research on empathy, to explore whether people can be trained to show more empathy using new electronic media, for example.

“Given the fundamental role of empathy in everyday social life and its relationship to many important social activities such as volunteering and donating to charities, it’s important to learn as much as we can about what factors increase and decrease empathic responding,” Konrath said.

The research was supported by a National Science Foundation Graduate Research Fellowship to O’Brien, and an American Association of University Women Fellowship and grant from Wake Forest University’s Character Project to Konrath.

Continued from page 1 - Researchers Begin to Unlock Aging Immune System

can be learned and done to buy ourselves better protection against various infectious diseases."

The newsletter points out that after age 65, the risk of flu-related death increases exponentially, with this group incurring more than 90 percent of the overall annual influenza-related mortality. Standard-dose influenza vaccines are less immunogenic and less effective in the older adult population than in younger, healthier adults.

In 2009, the U.S. Food and Drug Administration approved the use of a higher-dose vaccine based on the results of clinical trials. Like the regular vaccine, the higher-dose vaccine is trivalent, meaning it contains antigens selected to protect against each of the three main groups of influenza viruses circulating among people during a particular season. However, the higher-dose vaccine contains four times the amount of antigens contained in the regular vaccine.

The new installment of WHAT’S HOT will see the largest distribution of any publication in GSA’s 67-year history, with a circulation of approximately 130,000. All GSA members will receive a mailed copy, as will members of other professional societies representing physicians, geriatricians, medical directors, consultant pharmacists, nurses, care managers, and pharmacies. GSA Health Sciences Chair Marilyn R. Gugliucci, PhD, who authored a cover letter accompanying the mailing, said the issue will be valuable to all GSA members, particularly those in the Health Sciences Section.

“Immunosenescence may not be your field of study, but availing yourself of the information in this newsletter will be sure to generate insights regarding the continuum of health and what could impact long term outcomes for older adults,” she said.

“The aging demographics alone make it imperative that we learn as much as we can about aging and what may affect the lives of older adults. Add to this the heterogeneity of the older adult population, especially in the field of health and patient care, and immunosenescence is a topic of great magnitude. Although associated with natural age advancement, the scope of immunosenescence is advancing through translational research,” Gugliucci added.

“Immunosenescence: Implications for Patient Care” care follows a series of related publications that GSA released in 2012 as a result of the National Adult Vaccination Project. These resources are accessible online free to members at www.geron.org/navp.
How to Get Involved in ESPO

Thanks are given to Jo-Ana D. Chase, MN, APRN-BC, for her contributions to this installment of ESPO News.

The well-rounded scholar engages in three key activities: teaching, research, and service. Many of us are immersed in our academic endeavors as they prepare us to be better researchers, practitioners, and educators. Yet, how do we gain experience with service and leadership roles? ESPO offers a number of ways to engage in roles beyond academia. The level to which you choose to be in ESPO is up to you. Opportunities range from running for an elected leadership position to volunteering to participate on GSA and ESPO Committees and Task Forces.

Pursuing service and leadership opportunities within a national organization such as GSA can lead to a wealth of professional opportunities. Being involved in ESPO provides avenues to network with other ESPO members, (e.g., future colleagues and collaborators), as well as to network with established leaders in the field. Working on different projects and interacting with your peers at various levels within GSA and ESPO will help you strengthen and refine your communication, organization, and networking skills that will facilitate your transition into future leadership and professional roles.

Below you will find a list of elected and appointed positions within ESPO. Remember, when you register with GSA as a “student” or “transitional member,” you are automatically added to the ESPO membership roster; so these positions are open to you! Please review the opportunities and consider nominating yourself for one or more of these positions when the call for nominations goes out later this year.

ESPO Executive Committee

The ESPO executive committee functions as the central leadership core of ESPO and is charged with overseeing the general operations of ESPO. Positions available on the election ballot include chair (oversees all ESPO-related responsibilities and activities), secretary (maintains record keeping and coordinates the ESPO column for the Gerontology News), and communications chair (assists with managing ESPO social media accounts). Previous experience within ESPO is preferred, but not required for these positions.

ESPO Representatives to the GSA Sections

The GSA membership is organized across four, broad sections; each with their own executive committees. These include the Biological Sciences Section; Behavioral and Social Sciences Section; Health Sciences Section; and Social Research, Policy and Practice Section. To promote the interests and needs of junior scholars, ESPO representatives are appointed to serve on the executive committees of each individual section. These ESPO-section representatives serve as liaisons between the ESPO Executive Committee and the executive committees of the sections, helping to shape the types of programs offered for ESPO members at the annual meeting and throughout the year. An ESPO representative position will be available for each of the sections, with a tenure of two years.

ESPO Representatives to the GSA Committees

ESPO Representatives to the GSA Task Forces

ESPO Committees and Task Forces

Become an ESPO Leader

Please write to espo@geron.org to learn more. This year, the application process will start in late May with materials due in early July. Application materials include a C.V. and a brief explanation describing your interest and anticipated benefits of the experience. All ESPO members will receive a call for nominations by e-mail in May.
Rochester Consortium Receives Funds For Geriatric Education
The Greater Rochester Nursing Home Quality Consortium (GRNHQC), established in 2009 by GSA members Tobie Olsan, PhD, RN, and Jurgis Karuza, PhD, along with Suzanne Gillespie, MD, RD, recently received a three-year $800,000 comprehensive geriatric education continuation grant from the U.S. Department of Health Resources and Human Services (HRSA). The grant is part of $30.2 million awarded by HRSA to nursing schools across the country to support nursing workforce development. The grant dollars will be used to fund three objectives. First, funds will support efforts to increase the number of nursing home members in the consortium and expand its level of collaboration and impact across the region. Secondly, the funds will enable the consortium's member homes to collaborate on developing federally mandated Quality Assurance Performance Improvement (QAPI) programs and to more widely disseminate the materials they develop to non-member homes. A key component of the Affordable Care Act requires that all 16,000 nursing homes across the country have QAPI programs in place to qualify for Medicare funding. Lastly, that the grant enables the consortium to offer nurse traineeships (10 part-time, two full-time) to graduate nurses interested in becoming nurse practitioners or in obtaining post-master's certification in adult/gerontology. Selected students will receive full tuition benefits toward their degrees and a stipend while gaining special expertise in performance improvement through involvement in the consortium's nursing home's performance improvement initiatives.

Hartford Grant Allows Junior Faculty Training at Johns Hopkins University
GSA's National Hartford Centers of Gerontological Nursing Excellence has awarded a $50,000 grant to the Johns Hopkins University School of Nursing Center for Innovative Care and Aging. The funds will give four junior faculty a summer gerontological research residency and mentorship program (two non-Hopkins junior faculty in 2013 and two in 2014). During the first two weeks of the residency, the participants will shadow an experienced faculty member specializing in geriatrics research. The junior faculty will then take part in the Summer Research Institute, a program run by the Center for Innovative Care and Aging to develop behavioral interventions for older adults. The scholars will then participate in a three-month mentorship while preparing grant submissions for the National Institutes of Health.
NIA Looks to Collect DNA from Existing African Longitudinal Aging Cohorts

The National Institute on Aging (NIA) has issued a funding opportunity announcement to support revision applications proposing to collect DNA from older adult (age 50+) participants involved in longitudinal surveys that include behavioral and social phenotypes in developing countries, and that have archived and shared their data in ways that facilitate their use by qualified researchers. These studies include the World Health Organization’s Study on Global AGEing and Adult Health, the International Network for the Demographic Evaluation of Populations and their Health in Developing Countries, and other NIA-supported longitudinal studies with appropriate data-sharing plans in Africa. The importance of timely DNA collection is to ensure that specimens are available for future analysis or genotyping from a sample that is as close to the original sampling frame as possible. Because attrition is often selective and data from the study would not be missing at random, failure to collect DNA early in such studies can compromise the interpretability of future analyses. Applications are due March 20. Access additional details at grants.nih.gov/grants/guide/rfa-files/RFA-AG-13-018.html.

Federal Funds Will Advance Nervous System Research

The National Institute of Mental Health, National Institute on Aging, National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse have issued a funding opportunity announcement to advance new, innovative, and effective therapies for the prevention and treatment of nervous system disorders. Significant advances in neuroscience, genetics, and basic behavioral science, together with technological developments, have provided a rich knowledge base for identifying new molecular targets for drug discovery, and developing rational pharmacotherapies for the treatment of a wide variety of nervous system disorders. The institutes are welcoming the submission of research grant applications that aim to translate this wealth of basic science findings into the conceptualization, discovery, and preclinical evaluation of innovative therapeutics for nervous system disorders, with the goal of accelerating the development of new treatments for these diseases through this funding opportunity announcement. June 16 is the next due date for applications. Visit grants.nih.gov/grants/guide/par-files/PAR-13-049.html for details.

Monies Slated for Dissemination, Implementation of Health Research

The National Institute of Health (NIH) is encouraging investigators to submit research grant applications that will identify, develop, and refine effective and efficient methods, systems, infrastructures, and strategies to disseminate and implement evidence-based health behavior change interventions, prevention, early detection, diagnostic, treatment, symptom management, and quality of life improvement interventions, clinical guidelines, policies, and data monitoring and surveillance reporting tools into public health and clinical practice settings. The purpose of this funding opportunity announcement is to support innovative approaches to identifying, understanding, and overcoming barriers to the adoption, adaptation, integration, scale-up and sustainability of evidence-based interventions, tools, policies, and guidelines. Conversely, there may be a benefit in understanding circumstances that create a need to “de-implement” or reduce the use of strategies and procedures that are not evidence-based, have been prematurely widely adopted, or are harmful or wasteful. The NIH encourages trans-disciplinary teams of scientists and practice stakeholders to work together to develop and/or test conceptual models of dissemination and implementation that may be applicable across diverse community and practice settings and patient populations, and design studies that will accurately and transparently assess the outcomes of dissemination and implementation efforts. Standard due dates apply; the last date applications may be submitted is January 8, 2016. For additional information visit grants.nih.gov/grants/guide/par-files/PAR-13-055.html.

Continued from page 1 - Survey Provides Snapshot of Gerontology’s International Teamwork

The survey was designed to collect information on members’ international gerontological education, research, and service activities — and to share that information via an online directory, which is now in development. In addition to encouraging collaboration and further developing international ties, data from the survey are expected to assist in preparations for GSA’s hosting of the International Association of Gerontology and Geriatrics’ World Congress in July 2017 in San Francisco.

When respondents were asked in which countries their work or partners were located, the countries that garnered 10 or more responses were the U.S., the U.K., Taiwan, Switzerland, Sweden, Spain, South Korea, Singapore, the Netherlands, Mexico, Japan, Italy, Israel, Ireland, India, Hong Kong, Germany, France, Finland, Denmark, China, Chile, Canada, Brazil, and Australia. And among those who said they would, or possibly would, be conducting international work in the next five years, approximately 20 percent specifically stated their focus would be in Asian countries — by far the highest percentage indicated of any geographical region.

The survey results were discussed during in two workshops at GSA’s 2012 Annual Scientific Meeting in San Diego, as well as a poster session by Neal, Perkinson, and Brown at AGHE’s recent Annual Meeting and Educational Leadership Conference in St. Petersburg, FL.

“The high level of involvement of GSA and AGHE members in international projects is gratifying and reflects their recognition of the benefits and the responsibilities of international gerontological partnerships,” Perkinson said. “GSA and AGHE are stepping up to the plate to identify opportunities and enable such partnerships to develop and thrive.”

March 2012 • gerontology news • 9
Mistrust of Government Often Deters Older Adults from HIV Testing

One out of every four people living with HIV/AIDS is 50 or older, yet these older individuals are far more likely to be diagnosed when they are already in the later stages of infection. Such late diagnoses put their health, and the health of others, at greater risk than would have been the case with earlier detection, as reported in a new article appearing in The Gerontologist.

According to the U.S. Centers for Disease Control and Prevention (CDC), 43 percent of HIV-positive people between the ages of 50 and 55, and 51 percent of those 65 or older, develop full-blown AIDS within a year of their diagnosis, and these older adults account for 35 percent of all AIDS-related deaths. And since many of them are not aware that they have HIV, they could be unknowingly infecting others.

Various psychological barriers may be keeping this older at-risk population from getting tested. Among them are a general mistrust of the government — for example, the belief that the government is run by a few big interests looking out for themselves — and AIDS-related conspiracy theories, including, for example, the belief that the virus is man-made and was created to kill certain groups of people.

Now, a team of UCLA-led researchers has demonstrated that government mistrust and conspiracy fears are deeply ingrained in this vulnerable group and that these concerns often — but in one surprising twist, not always — deter these individuals from getting tested for HIV. The results of their study are now published online in The Gerontologist.

“Our work suggests that general mistrust of the government may adversely impact peoples’ willingness to get tested for HIV/AIDS,” said Chandra Ford, PhD, an assistant professor of community health sciences at the UCLA Fielding School of Public Health and the study’s primary investigator. “HIV/AIDS is increasing among people 50 and older, but there’s not a lot of attention being paid to the HIV-prevention needs of these folks. Older adults are more likely to be diagnosed only after they’ve been sick, and as a result, they have worse prognoses than younger HIV-positive people do.

“Also, the CDC recommends that anyone who’s in a high-risk category should be tested every single year,” she said. “These findings mean that the CDC recommendations are not being followed.”

The researchers sought to test the association between mistrust of the government, belief in AIDS conspiracy theories and having been tested for HIV in the previous year. For the cross-sectional study, they worked with data from 226 participants ranging in age from 50 to 85. Participants were recruited from three types of public health venues that serve at-risk populations: STD clinics, needle-exchange sites and Latino health clinics.

Of the participants, 46.5 percent were Hispanic, 25.2 percent were non-Hispanic blacks, 18.1 percent were non-Hispanic whites and 10.2 percent were of other races or ethnicities. The data were collected between August 2006 and May 2007.

The researchers found that 72 percent of the participants did not trust the government, 30 percent reported a belief in AIDS conspiracy theories and 45 percent had not taken an HIV test in the prior 12 months. The more strongly participants mistrusted the government, the less likely they were to have been tested for HIV in the prior 12 months.

Several of the findings surprised the researchers — for example, the fact that HIV testing rates among this population were not higher at the locations where the participants were recruited, given that these locations attract large numbers of people with HIV.

“This finding is concerning because the venues all provide HIV testing and care right there,” Ford said.

And there was an even bigger, perhaps counterintuitive surprise. The more strongly participants believed in AIDS conspiracy theories, the more likely they were to have been tested in the previous 12 months.

“We believe they might be proactively testing because they believe it can help them avoid the threats to personal safety that are described in many AIDS conspiracies,” Ford said. “For instance, if I hold these conspiracy beliefs and a doctor tells me I tested negative, I might get tested again just to confirm that the result really is negative.”

By contrast, individuals who reported mistrusting the government may not have been tested because the venues where they were recruited were, in fact, government entities, Ford said.

The authors pointed out that the study may have some weaknesses. For instance, the study design did not allow the researchers to determine whether the participants held their beliefs before or after being tested; thus, the researchers couldn’t tell what prompted their mistrust of the government or conspiracy beliefs. Also, it is possible that the prevalence of these theories is higher in this group than it is in the general public and that some participants may have been afraid to tell the truth.

The next step in the research is to study other groups of older adults to determine if these views are more widely held than just among the at-risk population the researchers studied.

GSA Fellow Steven P. Wallace, PhD, Sung-Jae Lee, PhD, and William Cunningham, MD, all of UCLA, and Peter A. Newman, PhD, of the University of Toronto co-authored the study.

This study was funded by the National Institute of Mental Health, the UCLA Resource Centers for Minority Aging Research Center for Health Improvement of Minority Elderly under a grant from the National Institute on Aging, the UCLA AIDS Institute, the UCLA Center for AIDS Research, the California Center for Population Research, and the National Institute on Drug Abuse.
Turkey Anticipates Private Pension System Boost
A recent Reuters news article focused on Turkey's private pension system. According to the authors, approximately 500,000 contributors are expected to join the country's private pension system this year due to government incentives. This would boost its overall worth to 17 billion dollars. In December, the system was reported to have had 3.1 million contributors and a fund size of around $20 billion (1 USD = 1.7838 Turkish lira). New regulations went into effect on January 1 in the government's efforts to boost savings levels. Turkey's private pension law was approved by parliament in 2001 and the pension system went into effect in October 2003, with six pension companies involved. There are now a total of 17 pension companies in the system.

UK Seniors Working Past Retirement Age
On January 4, The Telegraph reported that one in four British citizens 65- to 74-years-old is continuing to earn a wage. According to the article, research conducted by the insurance company Avivia found that people are working longer and indicated that this trend is expected to continue as the baby boom generation advances past 65 years of age. Of those aged 55 to 64 years of age, 55 percent are receiving a salary, versus 41 percent of this same group in February 2010. In the U.K., workers can no longer be forced to retire at the age of 65 years or over, following the abolition of the default retirement age in 2011. The research consisted of interviews with more than 14,600 people aged over 55 across the U.K. between February 2010 and December 2012.

Singapore Strategizes for Sustainable Population
The “White Paper on Population,” recently issued by the government of Singapore, indicated that the country's population could hit 6.9 million in 2030, which is up from the current 5.3 million. As reported on January 29 by Channel NewsAsia, this white paper is the first comprehensive report to provide the country's strategy for a sustainable population. Singapore's population is expect to begin to decline in 2025, and by 2030 more than 25 percent of Singaporean baby boomers will retire from the workforce. Simultaneously, the fertility rates have been declining. Therefore, more people will be leaving the workforce than those entering the workforce and by the year 2050, more people will be over the age of 50 years than below it. The white paper outlines three strategies to maintain its population, which are: maintain a strong Singaporean core by encouraging marriage and procreation, create good jobs, and have a high quality of life environment. The white paper resulted from a year-long public consultation where the government received close to 2,500 responses.

**RAND is pleased to announce the 20th annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 8-11, 2013.**

The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 8-9) and a workshop on the Demography, Economics Psychology and Epidemiology of Aging (July 10-11). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2013 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

Both the Mini-Med School and the workshop are described more fully at our web site: http://www.rand.org/labor/aging/rsi/.

For additional information, please contact:
Diana Malouf at malouf@rand.org.

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health. RAND is an Equal Opportunity/Affirmative Action Employer.

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**Faculty Position**
**Director of Aging Research**

The Division of Geriatric Medicine at the Univ. of Massachusetts Medical School (UMMS) is seeking a **Director of Research**. The Division has a diverse faculty, with research, clinical, and educational missions and is closely aligned with the Meyers Primary Care Institute.

Position requires an MD with an MPH, or a doctoral degree in public health, epidemiology, health services research, or related field, a well-developed track record of scientific publications, a currently active research program, demonstrated success in mentoring and/or graduate level teaching experience, and must qualify for the rank of Associate or full Professor in accordance with UMMS criteria. Contact: Jerry Gurwitz, MD, Jerry.gurwitz@umassmed.edu w/questions. Applicants should upload cover letter, CV, research statement and publication list to https://academicjobsonline.org. EOE.
Did you know that GSA has 42 interest groups on topics ranging from technology to economics to oral health? GSA’s interest groups provide opportunities to network with others who share common interests within a specific field or topic in gerontology. In addition to convening at GSA’s Annual Scientific Meeting each year, they provide opportunities for discussion and brainstorming for future collaborations and conference symposia.

Interest groups may be especially valuable for new members and student members; GSA is a large organization and these groups can enable you to learn more about cutting-edge research in your area, meet others who share your interests, and connect with potential mentors. Through their listservs, interest groups may also provide an ongoing channel of communication to learn about new developments and upcoming events throughout the year.

There is no cost to join and members can join as many of the 42 groups as they like — at any level of involvement. For a list of all groups including descriptions of their primary focus, visit GSA’s web site at www.geron.org/Membership/interest-groups.

To join an interest group, simply send a blank e-mail to “subscribe-” plus the e-mail address of the group below (e.g., subscribe-abuse_elderly@ntserver2.geron.org). Please note that a separate e-mail request is required for each group. Consider joining an interest group today!

### E-mail Addresses of Interest Groups

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BRIGHT FUTURE. MANY POSSIBILITIES.

CAREERS IN AGING WEEK  April 7-13, 2013

Careers in Aging Week (CIAW) is an annual event intended to bring greater awareness and visibility to the wide-ranging career opportunities in aging and aging research. Universities and colleges across the world participate by sponsoring events at their schools or in their communities. Events include guest speakers, career fairs, poster sessions, video presentations, panel discussions, and receptions.

For more information, visit careersinaging.com or e-mail ciaw@geron.org.
U.S. Population Projections Forecast a More Diverse Nation

The U.S. population will be considerably older and more racially and ethnically diverse by 2060, according to projections released in December 2012 by the U.S. Census Bureau. This forecast of the nation’s population by age, sex, race and Hispanic origin, which cover the 2012–2060 period, are the first based on the 2010 Census. The population is expected to grow much more slowly over the next several decades, compared with the last set of projections released in 2008 and 2009, mainly reflecting more recent trends in fertility and international migration. According to the new estimates, the population age 65 and older is expected to more than double between 2012 and 2060, and would represent just over one in five U.S. residents by the end of the period, up from one in seven today. The increase in the number of the “oldest old” would be even more dramatic — those 85 and older are projected to more than triple from 5.9 million to 18.2 million, reaching 4.3 percent of the total population. The U.S. is projected to become a majority minority nation for the first time in 2043. The non-Hispanic white population will remain the largest single group, but other racial demographics, now 37 percent of the U.S. population, are projected to comprise 57 percent of the population in 2060. The total minority population would more than double, from 116.2 million to 241.3 million by 2060. To access these projections, go to www.census.gov/population/projections/data/national/2012.html.

AoA Offers Elder Abuse Prevention Resources

The U.S. Administration on Aging (AoA) is sponsoring a Year of Elder Abuse Prevention (YEAP) to encourage national, state, and local organizations to protect seniors and raise awareness about elder abuse, neglect, and exploitation. As part of the YEAP, AoA is providing information, tools, and resources to support federal, state and local partners in their efforts to raise public awareness about elder abuse and shed light on the importance of preventing, identifying, and responding to this problem. The YEAP toolkit includes an outreach guide, event planning materials, fact sheets, a frequently asked questions booklet, web banner designs, YEAP poster, as well as customizable YEAP templates for newsletters, PowerPoint slides, and event flyers. In addition, the website contains information on social media outreach, including simple social media posts to help in promoting elder justice information and activities across popular social media platforms Facebook and Twitter. These resources may be found at www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/YEAP/index.aspx.

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HEALTH AND AGING POLICY FELLOWS

Unique Opportunity for Professionals in Health and Aging

Health and Aging Policy Fellows Program 2013-14

Call for Applications

We invite physicians, nurses, social workers, psychologists, healthcare administrators, epidemiologists, economists, and other professionals (from junior to senior levels) with a strong commitment to health and aging issues to join the next class of Health and Aging Policy Fellows (2013-14). Candidates from underrepresented groups are strongly encouraged to apply.

The program aims to create a cadre of leaders to serve as change agents in health and aging policy. Fellows are placed in congressional, executive or other settings and work on key policy issues. The year-long fellowship offers a unique training and enrichment program that incorporates mentorship by senior national policy leaders, policy analysis and communication skills development, and professional networking opportunities to provide fellows with the experience and skills necessary to positively affect health care policy for older adults.

APPLICATION – KEY DATES

Submission deadline: April 15
Notification of finalists to be interviewed: mid-May
Interviews and selection of fellows: mid-June

For further information please visit our website at www.healthandagingpolicy.org
and/or contact:
Harold Pincus, MD (pincus@nyspicolumbia.edu) or
Kathleen Pike, PhD (kmp2@columbia.edu)
Optimal Aging Through Research


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New Orleans • Louisiana

GSA Annual Scientific Meeting

NOVEMBER 20–24, 2013

Sheraton New Orleans • New Orleans Marriott

This Continuing Educational activity is jointly sponsored by The Annenberg Center for Health Sciences at Eisenhower and The Gerontological Society of America.