GSA Presidential Candidates
Issue Statements

Nancy L. Morrow-Howell, MSW, PhD

I am honored to be nominated for president of GSA, and I will enthusiastically fulfill the duties of this position if I am elected. I have been an active member of GSA for close to three decades, and I have served the organization in many capacities. I am at the stage in my professional career that I can take on more responsibility to serve this organization that has played a vital role in my research, teaching, and career development.

I have worked with GSA staff over the years, and I would be excited to work closely with them to strengthen the organization over the next three years. My main goal will be to serve as an effective advocate for our mission and our goals.

Nancy P. Kropf, PhD, MSW

I am honored to be nominated for president of GSA. What an exciting time to be part of the leadership team! Currently, our organization is in excellent shape in membership numbers, quality of the annual meeting, and finances. As the president, I will work to enhance the value of GSA membership through strategic initiatives that will benefit both members and the organization.

To date, I have held leadership roles that provided me with a comprehensive understanding of GSA. Previously, I served on the Finance Committee, and was treasurer from 2010 to 2013. I am pleased to report that these were years of growth and strength.

NIH’s Partnership May Yield Earlier Disease Treatments

The National Institutes of Health is spearheading a new collaboration together with 10 biopharmaceutical companies and several non-profit organizations — known as the Accelerating Medicines Partnership (AMP) — to distinguish biological targets of disease most likely to respond to new therapies and characterize the biological indicators of disease known as biomarkers.

Through the Foundation for the NIH, AMP partners will invest more than $230 million over five years in the first projects, which focus on Alzheimer’s disease, type 2 diabetes, and the autoimmune disorders rheumatoid arthritis and lupus. One of its main goals is to dramatically reduce the roughly 95 percent failure rate for drug candidates.

“AMP is tackling a major challenge in drug development in an unprecedented scale,” said NIH Director Francis Collins, MD, PhD, at a launch event on February 4 in Washington, DC.

The NIH and the Food and Drug Administration represent the federal government’s AMP contingent. Industry partners include AbbVie, Biogen Idec, Bristol-Myers Squibb, GlaxoSmithKline, Johnson & Johnson, Lilly, Merck, Pfizer, Sanofi, and Takeda. The nonprofits involved are the Alzheimer’s Association, American Diabetes Association, Lupus Foundation of America, Foundation for the NIH, Geoffrey Beene Foundation, PhRMA, Rheumatology Research Foundation, and USAgainstAlzheimer’s.

Collins announced the new initiative at the National Press Club.

AMP contingent. Industry partners include AbbVie, Biogen Idec, Bristol-Myers Squibb, GlaxoSmithKline, Johnson & Johnson, Lilly, Merck, Pfizer, Sanofi, and Takeda. The nonprofits involved are the Alzheimer’s Association, American Diabetes Association, Lupus Foundation of America, Foundation for the NIH, Geoffrey Beene Foundation, PhRMA, Rheumatology Research Foundation, and USAgainstAlzheimer’s.

Correction

The February issue of Gerontology News featured the names of all individuals and organizations that provided financial support to GSA in 2013. Two individuals, Linda Burton and James Jackson, were unintentionally omitted from the list of those who contributed to The Mentoring Effect, a special project of the GSA Innovation Fund.
From the Executive Director

Older Adults a “Silver Lining Yielding Golden Dividends”

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

Many GSA members have taken up careers in gerontology because they have witnessed the challenges that arise from the aging process and appreciate the benefit that their work can bring to the world’s population. In fact, the word “challenges” or some form of it has been peppered throughout the chosen themes for our Annual Scientific Meeting in recent years. And still we recognize that solving those challenges translates to great opportunities that result from improving the lives of people as they age.

But does the public at large recognize the opportunities? Ageism continues to be an ongoing concern. In February, TV commentator Bill Maher attracted some media attention for saying that “In the battle for government giveaways, we have to stop thinking in terms of rich versus poor, or black versus white, and admit it’s really a war between the young and the old. And the old are winning.”

He went on to cite some statistics in an attempt to back up his claim, but regardless of their accuracy, this isn’t the first time older adults have been depicted as a drain on society in the national conversation. Some have even described the economics of the rapid growth of the senior demographic as a national security concern.

When opportunities arise, GSA takes proactive steps to demonstrate the enormous potential of our aging society. I encourage you to read the Policy News column on pages 4 and 5 of this month’s newsletter, which highlights a February Senate hearing focused on senior entrepreneurship that GSA played a role in developing.

This is an important yet under-researched topic. The event, “In Search of a Second Act: The Challenges and Advantages of Senior Entrepreneurship,” builds nicely on GSA’s work to raise awareness of the value of senior entrepreneurs at an October 2012 summit that we co-hosted, titled “New Engines for a New Economy.”

GSA was well represented among the hearing’s speakers, too. Greg O’Neill, director of the National Academy on an Aging Society (GSA’s policy branch), was joined by GSA member Elisabeth Isele, who is the co-founder and CEO of the Senior Entrepreneurship Works organization. Through compelling testimony, they did a spectacular job of highlighting how federal policies can better support the growing trend of older Americans starting their own businesses.

In her closing statement, Elizabeth reiterated a quote she shared with the New York Times a week earlier. “Seniors are not a silver tsunami; they’re a silver lining and believe me they will be yielding golden dividends,” she said, adding that senior entrepreneurs contribute to the economy by paying taxes and creating jobs.

Of course, older adults also add value to society through civic leadership, intergenerational activities, volunteering, and countless other ways. But this hearing served a vital purpose in helping our elected leaders see the country’s expanding population of older adults as an asset and not a liability. And moving forward, GSA will look for other possible ways to similarly “reframe” the public’s view of aging.

GSA members also have a role to play in these efforts. Our annual Careers in Aging Week is just around the corner, taking place April 6 to 12. Universities and colleges participate by sponsoring events at their schools or in their communities. By organizing activities at your own institution, you can make students aware how work in gerontology can make a positive impact within society. Visit careersinaging.com to learn more!

James

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**In Memoriam**

GSA Fellow David L. Gutmann, PhD, a professor emeritus at Northwestern University, passed away on November 3, 2013, at age 88. He earned his doctorate at the University of Chicago’s multidisciplinary Committee on Human Development under the direction of former GSA President Bernice Neugarten, PhD, and subsequently was a research fellow at Harvard and later a faculty member at the University of Michigan. As a professor at Northwestern for over 30 years, he secured funding from the Retirement Research Foundation and established and directed one of the first doctoral clinical geropsychology training programs in the U.S. Gutmann’s cross-cultural research program focused upon gender-linked personality styles and their relation to social roles, parental stages, and mental health in middle and older adulthood. His model summarized in the book “Reclaimed Powers: Toward a New Psychology of Men and Women in Later Life,” contributed to the understanding of the potential for personality growth across the lifecycle. The American Psychological Association’s Society for Clinical Geropsychology presented Gutmann with the Lawton Award in 2011 in recognition of his outstanding contributions both to research in gerontology and to training the next generation of geropsychologists.

**New Publications by Members**

- “New Directions in the Sociology of Aging,” edited by GSA Fellow Linda J. Waite, PhD. Published by The National Academies Press.
- “Annual Review of Gerontology and Geriatrics, Volume 33,” edited by Jean-Marie Robine, PhD, GSA Fellow Carol Jagger, PhD, and GSA Fellow Eileen Crimmens, PhD. Published by Springer Publishing Company.
- “Handbook of Minority Aging,” by GSA Fellow Keith Whitfield, PhD, and GSA Fellow Tamara Baker, PhD. Published by Springer Publishing Company.

**Members in the News**

- GSA Fellow Philip McCallion, PhD, was quoted in an article by Reuters on December 18, 2013, titled “People with Intellectual Disabilities Often Die Earlier.” The piece focused on active chronic disease management and prevention.
- National Academy on an Aging Society Director Greg O’Neill, PhD, was quoted in the January edition of Reader’s Digest in an article titled “10 Key Moves to Live Your Best Life.” O’Neill cited evidence that volunteering leads to a longer life.

**Member Spotlight**

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **Helen K. Black, PhD**

Visit [www.geron.org/Membership/member-spotlight](http://www.geron.org/Membership/member-spotlight) to ask questions and read previous interviews.

**Colleague Connection**

This month’s $25 amazon.com gift certificate winner: **Peter Martin, PhD**

The recipient, who became eligible after referring new member Yangqing Zhang, MS was randomly selected using randomizer.org. For more details on the Colleague Connection promotion, visit [www.geron.org/connection](http://www.geron.org/connection).

**Goodwin Tapped for UTMB Posts**

James S. Goodwin, MD, has been appointed vice president and chief research officer for The University of Texas Medical Branch (UTMB) at Galveston as the culmination of a national search. In these positions, he will work with the research community to develop and implement a strategic plan for research and the development of new programs of excellence in translational research. Goodwin has experience assembling and coordinating multidisciplinary teams of investigators and obtaining center grants to address specific health issues. These include the New Mexico Aging Process Study (National Institute on Aging), the Center for Population Health and Health Disparities (National Cancer Institute), Claude D. Pepper Older Americans Independence Center (National Institute on Aging), Comparative Effectiveness Research for Cancer in Texas (Cancer Prevention Research Institute of Texas) and Patient-Centered Outcomes Research in the Elderly Center (Agency for Healthcare Research and Quality). Over the past 15 years, the UTMB Sealy Center on Aging, which Goodwin directs, increased its external research funding from approximately $1 million to greater than $13 million yearly.

**The Gerontologist Names New Associate Editors**

Effective as of January, *The Gerontologist* welcomes three new associate editors: Barbara Bowers, PhD is the associate editor for qualitative manuscripts; Suzanne Meeks, PhD, is the associate editor for practice concepts, and spurred by the more than 200 manuscripts submitted in 2013 from countries other than the U.S., GSA Fellow Nick Castle, PhD, has been named *The Gerontologist’s* first associate editor for international submissions.

**Kramer Earns VA Academic Award**

GSA Fellow B. Josea Kramer, PhD, has received one of the Department of Veterans Affairs’ VA’s highest recognitions of academic accomplishments, the 2013 David M. Worthen Award for Career Achievement in Educational Excellence. She developed the Geriatric Scholars Program, which has transformed care for older Veterans in Patient Aligned Care Teams. The program has addressed the need to empower primary care clinicians with the skills to effectively manage older patients. Kramer has also produced educational products, including pocket guides for geriatric assessment and falls. She is a productive educator, collaborator, and innovative thinker whose work has had a profound impact on the training of health professionals in geriatrics and the care of the nation’s veterans. She is also a health service researcher, focused on the collaboration of VA and the Indian Health Service to care for American Indian and Alaska Native Veterans.
GSA Delegation Spurs Capitol Hill Talks on Senior Entrepreneurship

Last month I wrote about advocacy during tough budget times. I talked about the role that one can play in the legislative process by becoming a valued resource, educating members of Congress and their staff about the significance of the research and education you do.

The article closed by mentioning that GSA's Public Policy Director Greg O'Neill, Elizabeth Islele (co-founder of Senior Entrepreneurship Works,) and I spent some time on Capitol Hill educating staff and members about the need to spotlight the growth in self-employment and entrepreneurship in the 50-plus population around the country. This month's article is the rest of that story.

What started as GSA's “New Engines for a New Economy” Summit on senior entrepreneurship in late 2012 led to outreach to both Senator Mary Landrieu (D-LA), chair of the Senate Committee on Small Business and Entrepreneurship, and Senator Bill Nelson (D-FL), chair of the Senate Special Committee on Aging, and their staffs. They were so interested in this issue and our connections with successful programs across the country that on February 12, 2014, they held a joint hearing in the Senate. That provided both Greg and Elizabeth with more than 15 minutes of fame and potentially long-term relationships with two Senate committees, their members, and staff. I may be biased, but Greg and Elizabeth represented GSA and the issues with great intellect and professionalism. They also proved the point that research, data, and facts matter and can help to draw attention to an issue and lead Congress in the right (correct) direction to take action.

At one point in the Q&A part of the hearing, Nelson asked a series of questions related to the Affordable Care Act (ACA). In the nation's capital, questions about the ACA are most often coming from the right in attempts to show its flaws or from the left in attempts to prove its value, so those being questioned should be wary. But in this truly bipartisan hearing, Greg was ready for the challenge with studies to back up his answers. He provided data that shows small business starts have gone up in response to health reforms, and cited a recent study that estimates the ACA will increase the number of self-employed by 1.5 million. The study was conducted by the Urban Institute and the Center on Health Insurance Reforms. Greg made the data come to life by describing what older adults actually face. He pointed out that although the data show that the 55 to 64 year old age group is very motivated to become entrepreneurs, they often have preexisting health care conditions and need to have health insurance. Now that they are able to buy this insurance without fear of being turned down, they are better equipped to leave the employer that has been providing coverage and start their own businesses.

Preparation for hearings is important. Thinking about the kinds of questions that will be asked, researching, drafting testimony, getting feedback and then redrafting, and making sure that you understand what the members of Congress want out of the hearing are all key elements of success. Also, one needs to stay on message and use the Q&A time to cover additional points that he or she would like to make.

Here are a few of the key data points made in the hearing that helped educate the senators and audience:

- Since 1996, Americans between the ages of 55 and 64 have had a higher rate of entrepreneurial activity than those aged 20 to 34, according to the Kauffman Index of Entrepreneurial Activity.
- According to a study by MetLife Foundation, 25 million people aged 44 to 70 expressed an interest in starting their own business or non-profit organization within the next five to 10 years.
- 25 percent of workers age 65 or older are self-employed, compared to 15 percent among those ages 50 to 64 and only four percent of workers younger than age 30, according to a report by the Pew Research Center Social & Demographics Trends Project.
- According to the U.S. Small Business Administration, more than half of all U.S. small business owners were age 50 and over in 2012 — up from 46 percent in 2007.

The hearing had a kind of symmetry to it in that the data and real life experiences provided by the panelists told a logical story. Older persons with the advantages of life and work experiences, networks, some savings, and confidence are often just waiting for the right combination of circumstances to allow them to start small businesses. If they can keep health coverage, and get some support and training to help develop a strategy and the key skills to be a successful entrepreneur, there are millions of “encore entrepreneurs” ready to take off.

Turning a phrase can lead to a good quote that grabs the media or just helps draw attention to an issue. Elizabeth accomplished that with her comment, “We need to stop the gloom and doom we are generating by referring to this huge and rapidly expanding demographic as an impending crisis or ‘Silver Tsunami.’ We, as a society, need to recognize seniors are one of our greatest natural resources. They are not a ‘silver tsunami,’ they are a silver lining, yielding golden dividends.”

Some of the examples of successful small businesses and support programs come from Maine — as do Senator Susan Collins (R-ME), the ranking Republican on the aging committee, and Elizabeth herself. Members of Congress love to tout their own state’s successes and think of ways they can be used as models for
the nation. So, with witnesses from two of the lead senators’ states on hand, there was optimistic can-do feeling about older adults in the hearing room.

Senator Tim Scott (R-SC) focused his attention on what more could be done to help small business. This included how the tax code could be modified, how the government could make sure that capital was available to entrepreneurs, and how regulations could be minimized to make it easier for small businesses.

Conchy Bretos, a 68 year-old Miami entrepreneur, said she was driven, disciplined, and disruptive in her quest to be a successful small businesswoman. Bretos is the CEO of Mia Senior Living Solutions, an innovative firm that provides assisted living services to public housing residents. She responded to Scott’s remarks by suggesting that the government agencies involved with business could do a better job of communicating and coordinating.

Elizabeth pointed out that “Boomer entrepreneurs live healthier (physically, mentally, emotionally), vital, relevant, productive, and more meaningful lives longer than their retired counterparts and in fact, they continue to contribute to Social Security and Medicare through their taxes.”

The senators also heard from U.S. Small Business Administration Associate Administrator Tameka Montgomery, and SCORE Association CEO W. Kenneth Yancey. These days, with ACA implementation problems, the IRS scandal, and the GSA’s excessive travel expenditures, it was nice to see the spotlight on a small budget federal government agency that is effectively serving as a partner of small business, and have the support of the senators present. SCORE volunteers work with entrepreneurs on a one-to-one basis to help them grow their small business ventures. It was reported that 31 percent of the clients SCORE serves are over the age of 55, and in a client survey conducted during 2013, 56 percent of their small business clients aged 55 to 64 reported that working with SCORE helped them grow their business revenues, and 61 percent reported having “changed a business practice or strategy as a result of working with SCORE.”

Here are a few of the key recommendations that were made during the hearing:

- Assist business start-ups by older people by supporting relevant business networks for older entrepreneurs and providing training to fill knowledge gaps on entrepreneurship skills.
- Ensure that older entrepreneurs have access to financing schemes, recognizing that some groups of older entrepreneurs (e.g. those starting a business while unemployed) may need start-up financing while others (e.g. those with high incomes) may not.
- Highlight the possibility of acquisition, rather than start-up of a business, as a means into entrepreneurship for an older person as it may be quicker, less risky and can facilitate another person retiring who may wish to do so.
- Encourage older people to play a role in promoting entrepreneurship by others by becoming “business angels” or by mentoring younger entrepreneurs.
- Ensure that tax and social security systems do not contain disincentives to entrepreneurship for older people, including investment in other businesses.
- Increase access to micro-loans.

In addition, there was much talk about partnerships with AARP, Microsoft, the National Institutes of Health, state governments, and others as key factors in successfully supporting entrepreneurs.

At the end of the hearing, Collins requested a future meeting with Greg and Elizabeth to discuss crafting legislation to address a number of the issues that they had presented, including the idea of adapting unemployment insurance benefits for long-term unemployed seniors to enable them to explore entrepreneurship.

Finally, remember the golden rule for research: never miss an opportunity to support more research that will explain a phenomenon or lead to solutions to problems facing older adults. Suffice it to say, Greg made sure that the senators and staffers are aware of his support for Collins’s bill (S.1454) that would require “a report to Congress on unique barriers and obstacles faced by encore entrepreneurs in starting/expanding businesses.” In the end, there were 15 minutes of fame, but more importantly, GSA’s concise, credible, and cutting edge testimony fostered a very positive relationship with two important senate committees.

The video recording of the hearing is available on C-SPAN at cs.pn/SeniorStartups and witness testimony is available on the Senate Special Committee on Aging website at www.aging.senate.gov. For those who are interested in more information on the topic of senior entrepreneurship, Grantmakers in Aging hosted a webinar (available at: http://www.bit.ly/GIAWebinar) last year that also included presentations by Greg and Elizabeth.
New Officer Candidates Unveiled

Ballots for the election of GSA’s next officers were sent by e-mail to all members on March 3. Reminders will be sent again prior to the voting deadline of April 15. Please make sure GSA has your correct address on file by checking your member profile at www.geron.org. If you did not receive your ballot or wish to receive a paper ballot, please contact ballots@geron.org.

GSA President
Nancy P. Kropf, PhD, MSW
Nancy L. Morrow-Howell, MSW, PhD

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Susan Krauss Whitbourne, PhD

BSS Section Secretary-Treasurer
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Christopher Hertzog, PhD
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Jan E. Mutcher, PhD
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Jacqui Smith, PhD

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James A. Ashton-Miller, PhD

HS Section Secretary
Tomas L. Griebling, MD, MPH
James S. Powers, MD

SRPP Section Chair
Kathleen (Kathy) E. Sykes, MA
Sheryl Zimmerman, PhD

SRPP Section Secretary
Diane Feehey Mahoney, PhD, APRN, BC, FAAN
Joseph G. Pickard, PhD, LCSW

ESPO Chair
Jaime M. Hughes, MPH, MSW
Erin Kate Smith, MS

ESPO Secretary
Glenna S. Brewster, MS, RN, FNP-BC
Salom Teshale, BA

ESPO Communications Chair
Erica L. Hegland, BS
Linda S. Park, PhD

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Morrow-Howell Continued bridge between the membership and GSA staff. I look forward to planning the Annual Scientific Meetings; and I would be pleased to serve GSA during this particular time when the IAGG’s 2017 World Congress on Gerontology and Geriatrics is being planned. A personal goal will be to foster continual improvements in GSA’s support and services to students and junior scholars.

I believe that I am well suited to serve as GSA president because of my long commitment to the organization and my enthusiasm for this leadership role. I believe that GSA is vitally important to our aging society, and I am proud to be part of this world-class organization.

Nancy L. Morrow-Howell, MSW, PhD, completed her PhD at the University of California, Berkeley, and has been on faculty at the Brown School of Social Work at Washington University since 1987. She holds an endowed chair at the university and is the director of the Friedman Center for Aging. Morrow-Howell’s area of scholarship is the productive engagement of older adults.

With support from public and private funding, she explores strategies to maximize the engagement of older adults in productive roles. At the Brown School, she directs the master’s gerontology curriculum and has chaired the PhD program. Morrow-Howell is a fellow of GSA, past chair of the Social Research, Policy, and Practice section, and past-vice president of the Association for Gerontological Education in Social Work. She has been actively involved with the John A. Hartford Geriatric Social Work Initiative.

She has served on the Editorial Board of the Journal of Gerontology: Social Sciences and is currently on the Board of The Gerontologist. She served as editor of the Practice Concepts section of The Gerontologist under two different editorships. She received the Washington University Distinguished Faculty Award, the Brown School’s Outstanding Faculty Award, and the university’s Outstanding Faculty Mentor Award on two different occasions. She was the recipient of the 2011 Career Achievement Award from the Association for Gerontological Education in Social Work and of the 2013 Distinguished Career Achievement Award from the Society for Social Work and Research.

Kropf Continued solid growth in our budget and investments. During my time on the Executive Committee, I was part of a dynamic leadership team and was fortunate to work with many talented volunteer leaders and the productive GSA staff.

As we approach the IAGG meeting in 2017, we have a unique opportunity to showcase the exceptional talents of our members, and create global partnerships in aging research. If elected, I will work to create an even stronger membership organization! GSA has been a crucial part of my professional life and network, and it would be a privilege to serve as the president.

Nancy P. Kropf, PhD, MSW, is a professor of social work and the associate dean for research & strategic initiatives in the Andrew Young School of Policy Studies at Georgia State University. She received a PhD in social work/social policy from Virginia Commonwealth University, an MSW from Michigan State University, and a BA in sociology/psychology from Hope College. Her research focus is on older adults who are caregivers for younger generations, and labor force issues in social work and gerontology.

Kropf has been a member of GSA since 1989, and a fellow of the Social Research, Policy, and Practice Section since 2000. From 2010 to 2013, she served as treasurer of GSA and as part of that role, served as the chair of the Finance Committee and Investment Group. In addition, Kropf was a John A. Hartford geriatric social work scholar (cohort 1), and was president of the Association for Gerontological Education in Social Work from 2000 to 2003. She currently serves as Practice Forum editor of the Journal of Gerontological Social Work and is on the Advisory Board for the National Center on Gerontological Social Work Excellence. Her publications include nine books and 85 peer reviewed articles and book chapters.

The full biographical sketches of these candidates, as well as the biographical sketches and personal statements from other candidates running for GSA office, can be viewed online at www.geron.org/images/GSA2014candidates.pdf. More information about the voting process can be found at the top of this page.
Finding your GSA “Home”: The Health Sciences Section

Thanks are given to Kristina Childers, BSN, MSN, for serving as the primary author of this month’s column, and to Ronald Shorr, MD, Jenny Alderden, RN, PhD, and Rachel Roiland, RN, PhD, for their contributions.

All GSA members are asked to join one of four sections: Biological Sciences (BS), Behavioral and Social Sciences (BSS), Health Sciences (HS), or Social, Research, Policy, and Practice (SRPP). These provide specialized “homes” for GSA members. ESPO recognizes that emerging scholars may not be certain about which section to join, so this installment of ESPO News highlights the HS Section, which is currently home to 412 ESPO members. The HS Section exists to “advance the scientific study of the aging process in human beings, with special reference to the advancement of methods of the diagnosis and treatment of persons suffering from illness or disability resulting from, related to, or accompanying the aging process.”

Ronald Shorr, MD, MS, current chair of the HS Section, described it as a place where clinicians, physicians, nurses, dentists, pharmacists, and nutritionists with a research portfolio may feel at home. Shorr emphasized that the relationships among the GSA sections are “complementary not competitive,” meant to break down barriers, and help drive the diversity of research while providing an opportunity to meet other like-minded persons. During his tenure as chair, Shorr said he intends to reach out to clinicians at the grassroots level and make the annual meeting more appealing to frontline clinical providers, in addition to maintaining the high level of quality sessions oriented toward health sciences researchers. He is developing the possibility of adding more HS sessions to include a late-breaker case report session for system change opportunities. Further, Shorr said wants to encourage ESPO members to serve on HS committees and become more involved in the section. ESPO members can engage by serving on the fellowship, program, research, award nominations, education, or membership committees of the HS Section.

The HS Section is very active at annual meetings by organizing symposia, research paper and poster presentations, and section business meeting, and HS members are active in various GSA committees. Of note for ESPO members are an ESPO/HS preconference symposium, HS-sponsored presidential symposium, and an ESPO/HS symposium at each annual meeting. HS also presents several awards for emerging scholars, such as the Austin Block Post-Doctoral Fellow Award, Person-in-Training Award for student presentations, Research Award for new investigators, and the Excellence in Rehabilitation of Aging Persons Award for individuals in the rehabilitation community.

Marilyn R. Gugliucci, PhD, last year’s HS section chair, announced during the 2013 annual meeting that there is a new initiative to acquire funds for an annual HS Student Travel Award. Student travel awards are currently offered for members of the other sections, so this year marks the inaugural year for HS students to earn this award. The call for applications is expected to occur this summer, so pay attention to the forthcoming announcements.

Serving on the HS Executive Committee is another way for ESPO members to get involved in HS. ESPO nominates two student members to serve as ESPO senior and junior representatives to the HS Section. The current ESPO Representatives are Jenny Alderden, RN, PhD, and Rachel Roiland RN, PhD. As nurses, they chose the HS Section because of its clinical focus; however, the appeal was a bit different for each representative. Alderden said her interest in finding ways to promote health and prevent suffering among older adults was key in her decision to join HS. Her work focuses on pressure ulcer risk among older critical care patients and benefits from the multidisciplinary nature of the HS section. Roiland joined HS to maximize her exposure to health professionals from a variety of backgrounds including nurses, physicians, and occupational therapists who conduct multidisciplinary research on clinically relevant topics. She hopes these relationships will one day turn into future research collaborations. Roiland added that she has benefited from belonging to HS by networking with other emerging researchers who offer “ideas for post-doctoral fellowship positions, opportunities at other institutions, and just plain old moral support!”

Shorr offered the following advice to ESPO members: attend the annual national scientific meeting, and be an active member of the ESPO section. Identifying with other emerging professionals and working through the student channel as part of your journey, no matter what section you choose to join, will enrich your own research program. Alderden and Roiland endorse the benefits of being a GSA member by accessing renowned experts in geriatric research, but also in building professional networks of peers. Both HS ESPO representatives and member Kristina Childers, BSN, MSN, emphasize that the most special reason to consider the HS Section is the willingness of the members to support, encourage, and guide new researchers. For more information about the Health Sciences section visit www.geron.org/Membership/sections.
BRIGHT FUTURE. MANY POSSIBILITIES.

April 6 - 12, 2014
CAREERS IN AGING WEEK
COMING TO A SCHOOL NEAR YOU

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.

Download your FREE Careers in Aging brochure at careersinaging.com.

Supported by the GSA Innovation Fund
AGHE Honors Distinguished Individuals

The Association for Gerontology in Higher Education (AGHE) recognized its newest elected officers, fellows, and awardees at its recent 39th Annual Meeting and Educational Leadership Conference in St. Petersburg, FL. This successful four-day event, which welcomed approximately 400 attendees, took place February 28 to March 3 and provided a forum for professionals in the field of aging to present their work and share ideas about gerontological and geriatric education and training. The theme was “Waves of Change: Charting the Course for Gerontology and Geriatrics Education.” The next AGHE meeting will take place in Denver from February 27 to March 2, 2014. The abstract submission period is expected to open in early May; stay tuned to www.aghe.org for details.

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These individuals are responsible for matters of governance and strategic planning for the organization.

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Members-at-Large
Elizabeth A. Elmore, PhD, Richard Stockton College of New Jersey
Margaret B. Neal, PhD, Portland State University
Douglas P. Reed, PhD, University of Central Oklahoma

Fellows
AGHE fellow status is an honor that recognizes outstanding leadership in gerontology and geriatrics education by established scholars and educators.

JoAnn Damron-Rodriguez, LCSW, PhD, University of California, Los Angeles
Laura K. Donorfio, PhD, University of Connecticut
Christine A. Fruhauf, PhD, Colorado State University
Thomas A. Teasdale, PhD, University of Oklahoma

Awardees
Clark Tibbits Award
Presented to Harry “Rick” Moody, PhD
This award was established in 1980 to recognize individuals who and organizations that have made outstanding contributions to the advancement gerontology as a field of study in institutions of higher education.

Hiram J. Friedsam Mentorship Award
Presented to Nina M. Silverstein, PhD, University of Massachusetts Boston
This award, named for an outstanding mentor in gerontology, is given to an individual who has contributed to gerontological education through excellence in mentorship to students, faculty, and administrators.

Mildred M. Seltzer Distinguished Service Recognition
Presented to Harry “Rick” Moody, PhD, AARP; and Sally M. Newman, PhD, University of Pittsburgh
This award honors colleagues who are near retirement or recently retired. Recipients are individuals who have been actively involved in AGHE through service on committees, as elected officers, and/or have provided leadership in one of AGHE’s grant-funded projects.

David A. Peterson Gerontology & Geriatrics Education Best Paper of the Volume Award
Presented to Paul Roodin, PhD, State University of New York at Oswego; Laura Hess-Brown, PhD, State University of New York at Oswego; and Dorothy Shedlock, PhD, State University of New York at Oswego, for “Intergenerational Service Learning: A Review of Recent Literature and Directions for the Future”
The purpose of this award is to recognize excellence in scholarship in academic gerontology in AGHE’s official journal, Gerontology & Geriatrics Education.

Administrative Leadership Award
Presented to Robbyn R. Wacker, PhD, University of Northern Colorado
This award honors administrators on AGHE member campuses who have made exceptional efforts in support of gerontology or geriatrics education.

Distinguished Faculty Award
Presented to Cynthia Hancock, PhD, University of North Carolina at Charlotte
This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

Part-Time Faculty Recognition
Presented to Judith Griffin, MA, MS, RN, University of Massachusetts Boston; Barbara Hughes Leasure, MA, McDaniel College; and Victoria S. Theime, DO, University of New England College of Medicine
This award formally recognizes the contributions of part-time and/or adjunct faculty for their contributions to gerontological education at an AGHE member institution.

Book Award for Best Children’s Literature on Aging
Presented to Mary Brigid Barrett for “Shoebox Sam” in the primary reader (pre-K to 2nd grade) category; and Claire Rudolf Murphy, MFA, for “Marching with Aunt Susan: Susan B. Anthony and the Fight for Women’s Suffrage” in the elementary reader (3rd to 5th grade) category.
This award recognizes portrayals of meaningful aging in children’s literature.
“All of us are pooling our brains and our resources — about $230 million dollars over the next five years — to transform the current model for identifying and validating the most promising drug targets,” Collins said. “What does that mean in plain English? Well, it means we are going to try to increase the odds of picking the right targets to go after for the next generation of drug development. And not only that, we want to pick them at the very beginning of the development process and thus avoid wasting precious time and money chasing down duds.”

The project will be managed by the Foundation for the NIH. Steering committees for each of the disease areas, with representation from all partners, will meet regularly to define research agendas, develop project plans, and review ongoing progress and milestones. After AMP research grants are awarded, investigators carrying out the research will be added to the disease steering committees. The steering committees will be managed by Foundation for the NIH under the direction of an AMP Executive Committee comprised of representatives from the NIH, participating industry leaders, and patient advocacy organizations.

“Currently, we are investing a great deal of money and time in avenues with high failure rates, while patients and their families wait. All sectors of the biomedical enterprise agree that new approaches are sorely needed,” Collins said. “But this challenge is beyond the scope of any one of us and it’s time to work together in new ways to increase our collective odds of success. We believe this partnership is an important first step and represents the most sweeping effort to date to tackle this vital issue.”

The investment costs will be shared roughly equally between the NIH and the industry partners. Over half of the project’s $230 million will be devoted to Alzheimer’s disease.

GSA member Richard Hodes, MD, who serves as director of the National Institute on Aging (NIA), said AMP’s efforts should accelerate the development of interventions that can make a real difference for those who suffer from Alzheimer’s.

“The NIA is pleased that this partnership will facilitate both basic studies to identify new targets to pursue for Alzheimer’s disease therapies, as well as studies to add novel biomarkers to Alzheimer’s clinical trials to assess response to treatments,” Hodes said.

Lon Cardon, PhD., GlaxoSmithKline’s senior vice president of alternative discovery & development, noted that diseases such as Alzheimer’s are too difficult and complicated to be solved by any one organization.

“This is the type of global health issue that needs the resources and scientific know-how that pharma, government, academia, and non-profits can harness together under the proven success of NIH coordination,” Cardon said. “The Accelerating Medicines Program allows each of us to play to our strengths with the combined goal of more efficiently and effectively discovering new medicines for patients.”

As explained at the launch event, all data generated by the project will be openly accessible to all scientists, not just the research partners. Additionally, the pharmaceutical companies involved have agreed not to launch any commercial ventures based on the data until the findings have been publicly released.

**RAND is pleased to announce the 21st annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 7-10, 2014.**

The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 7-8) and a workshop on the Demography, Economics Psychology and Epidemiology of Aging (July 9-10). 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 2014 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/](http://www.rand.org/labor/aging/rsi/).

For additional information, please contact Cary Greif (cary_greif@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.
Environmental Institutes Looking to Grow Core Centers Program

The National Institute of Environmental Health Sciences is seeking applications for Environmental Health Sciences Core Centers, which are designed to establish leadership and support for programs of excellence in environmental health sciences by providing scientific guidance, technology, and career development opportunities for promising investigators. A Core Center Grant is an institutional award to support centralized scientific resources and facilities shared by investigators with existing research projects. By providing structure and resources, this support is intended to enhance the ability of scientists working in the field of environmental health sciences to identify and capitalize on emerging opportunities that will translate into advances improving the understanding of the relationships among environmental exposures, human biology, and disease. The letter of intent is due by March 22 and the application deadline is April 22. Details can be found at grants.nih.gov/grants/guide/rfa-files/RFA-ES-13-012.html.

Federal Funding Targets Pre-HIV Decision Making

The National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism have issued a funding opportunity announcement intended to stimulate model-driven research to understand the ways that people make decisions about engaging in behaviors that impact the risk of acquiring or transmitting HIV, or to adhere to treatments for HIV. The agencies have stated that decision making processes may contribute to both substance use/abuse and other HIV acquisition or transmission risks; a better understanding of decision making processes in the context of brain neural networks and their associated functions would lead to the development of better strategies to reduce the frequency of HIV-risk behaviors. Therefore, this funding opportunity encourages applications to study cognitive, motivational, or emotional mechanisms; and/or brain neuroendocrine and reinforcement systems related to HIV-risk behaviors or treatment non-compliance. Interdisciplinary studies that incorporate approaches from psychology, economics, anthropology, sociology, decision sciences, neuroscience and computational modeling are encouraged. The earliest date of submission is April 7. More information can be reviewed at grants.nih.gov/grants/guide/pa-files/PAR-14-081.html.

Chronic Kidney Disease Research Funding Available

The National Institute on Aging and the National Institute of Diabetes and Digestive and Kidney Diseases are inviting grant applications that propose basic, clinical, and translational research on chronic kidney disease (CKD) and its consequences in aging and in older persons. Applications should focus on the biology and pathophysiology of CKD in animal models; etiology and pathophysiology of CKD in older adults; epidemiology and risk factors for the development of CKD with advancing age; and/or diagnosis, medical management and clinical outcomes of CKD in this population. Research supported by this initiative should enhance knowledge of CKD and its consequences in older adults and provide evidence-based guidance in the diagnosis, prevention, and treatment of CKD in older persons. The next application due date is June 5. See grants.nih.gov/grants/guide/pa-files/PAR-14-081.html for additional details.

NIA Funds Will Support Caloric Restriction Research

The National Institute on Aging (NIA) has issued a funding opportunity announcement to provide network and infrastructure support to foster development of novel interdisciplinary research approaches on aging research related to caloric restriction (CR) in humans. The grants will support research networks that will advance interdisciplinary collaboration through activities such as meetings, conferences, data exchange, small scale pilots, short term training opportunities, visiting scholar programs and dissemination activities to encourage growth and development in the science related to CR in humans. Applications are due May 28. Further information may be obtained at grants.nih.gov/grants/guide/pa-files/PAR-14-089.html.

Grants Slated for Alzheimer’s Disease Pilot Clinical Trials

The National Institute on Aging is welcoming applications for Alzheimer’s disease pilot clinical trials that seek to enable the clinical testing of promising pharmacological and non-pharmacological interventions in individuals across the Alzheimer’s disease spectrum from pre-symptomatic to more severe stages of disease, as well as to stimulate studies to enhance trial design and methods. The grant applications may include the following: studies of safety and/or efficacy of the intervention(s); proof of concept studies; feasibility studies; studies to refine the intervention strategy (e.g. drug dosage, duration, delivery system; behavioral intensity and duration); studies to define and refine the target population and ensure adequate enrollment, protocol adherence and subject retention; and studies to establish measures of efficacy including clinical/neuropsychological/behavioral measures, neuroimaging measures, and other biological measures in blood and cerebrospinal fluid. The earliest submission date is May 5. Additional details can be viewed at grants.nih.gov/grants/guide/pa-files/PAR-14-089.html.

Applications invited for post-doctoral fellowships

This program trains fellows in the conduct of independent and original research in the epidemiology of aging, with an emphasis on the prevention of late life disability. To apply, please send statement of career goals, CV, and contact information for three references to EpioAgingTrainingGrant@epi.umaryland.edu by April 15, 2014. http://medschool.umaryland.edu/agingtraining

Supported by NIH training grant (T32 AG001472). Applicants must be a US citizen or permanent resident.
Experience the Possibilities...

Post-Doctoral Fellowship in Aging
The Center for Innovative Care in Aging at the Johns Hopkins School of Nursing is currently recruiting postdoctoral fellows. Suitable postdoctoral applicants will hold—a MD or PhD in Nursing, Gerontology, Public Health, Psychology, Economics, Behavioral Sciences, Occupational Therapy or a related discipline. Fellowships are open to eligible US citizen and international applicants. Minority and women applicants are encouraged to apply.

The initial appointment will be for one year, with the potential for funding to be extended an additional year. Decisions regarding Fellowship extensions will be based on scholarly productivity, mid-year and year-end progress reports, and availability of Center resources. The position provides salary and benefits consistent with NIH postdoctoral fellows.

For more about the fellowship and application requirements: www.nursing.jhu.edu/excellence/aging/center

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National Hartford Centers of Gerontological Nursing Excellence

ATTENTION SCHOOLS OF NURSING—JOIN US!
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WHO’s Global Atlas Identifies Unmet Need for Palliative Care

According to the World Health Organization (WHO), one in 10 people who need palliative care — that is, medical care to relieve the pain, symptoms, and stress of serious illness — is currently receiving it. This unmet need is mapped for the first time in the “Global Atlas of Palliative Care at the End of Life,” published jointly by the WHO and the Worldwide Palliative Care Alliance. Palliative care includes addressing the physical, psychosocial, and emotional suffering of patients with serious advanced illnesses and supporting family members providing care to a loved one. According to this atlas, about one-third of those needing palliative care suffer from cancer. Others have progressive illnesses affecting their heart, lung, liver, kidney, brain, or chronic, life-threatening diseases including HIV and drug-resistant tuberculosis. It is estimated that every year more than 20 million patients need palliative care at the end of life. The number of people requiring this care rises to at least 40 million if all those that could benefit from palliative care at an earlier stage of their illness are included. Hospice and palliative care often encompasses some support to family members, which would more than double care needs. In 2011, approximately 3 million patients received palliative care, the vast majority at the end of their life. In January, the Executive Board of WHO called on countries to strengthen palliative care and to integrate it into their health-care systems. It is expected that the Sixty-Seventh World Health Assembly will discuss the subject in May 2014. The importance of palliative care is being emphasized by the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and the most recent WHO essential medicines list that includes a specific section on medicines for palliative care. The atlas can be found online at www.thewpca.org/resources/global-atlas-of-palliative-care.

High Rates of Poverty Seen Among Israel’s Seniors

A new Taub Center Policy Brief reports that Israel’s tight welfare policy and high dependence on private pensions are leading to elder poverty rates that are the highest in the developed world. The report found that 50 percent of Israel’s seniors are below the poverty line according to their market income — that is, before taxes and welfare. This is the lowest market income poverty rate in the developed world. Conversely, 21 percent of Israel’s older adults are below the poverty line according to their disposable income — that is, after taxes and welfare. This is the highest disposable income poverty rate in the developed world. The director of policy at the Taub Center said these outcomes are related to Israel’s policy regarding private pensions, which historically were more common in Israel than elsewhere and have been mandatory for workers since 2008. Alongside this, the state provides older adults with relatively limited financial assistance. For example, an Israeli male entering the labor force in 2011 and earning the average wage will receive 56 percent of his average lifetime wage from his private pension upon his retirement, a relatively high rate compared to the other countries examined. At the same time, the same Israeli will receive only 22 percent of his average lifetime wage from old-age allowances. The Taub Center Policy Brief also highlights that today’s mandatory pension contributions rate of 17.5 percent (considered relatively high in the West) reduces the take-home pay of low-income earners, creating an economic burden for young, poor families.

Irish National Audit Identifies Gaps in Patient Care Levels

According to a January 28 article in the Irish Times, the first Irish National Audit of Dementia was completed in 2013 with 35 acute hospitals in the Republic of Ireland. The audit identified inadequate assessment of cognition, delirium, mood, and behavioral and psychological symptoms, in people with dementia during their admission and on discharge from the hospital. It was also found that there was no screening for delirium in the hospitals. Forty-five recommendations for the care of people with dementia in acute hospitals were made in response to the audit. These recommendations include the development of training strategies in each hospital, the development of policies for the identification and treatment of delirium and assessment of the mental status of people with dementia on admission.
Tenure Track Assistant Professor Position in Family Gerontology
Department of Human Ecology, University of Alberta, Canada

The Department of Human Ecology at the University of Alberta invites applications from Family Gerontology scholars to fill a tenure-track assistant professor position. Faculty and graduate students in the Aging area collaborate with global scholars on research examining the care and support of older adults and adults with chronic illness or disability, costs incurred by family/friend caregivers, contributions and social inclusion of older adults, and age-friendly rural communities. A central goal of this research is to enhance the well-being of older adults and their families by bridging research, policies, and practice. For further information, see http://www.ales.ualberta.ca/hecol/ and http://www.rapp.ualberta.ca/.

Key responsibilities of the position include:
• An independent research program that complements existing research expertise and programs on aging in the Department. Current expertise includes family economics and the value of unpaid care; work-family balance in later life families; social networks and social support of older rural adults; social participation; and contexts of aging including age-friendly communities.
• Teaching undergraduate and graduate courses in aging.
• Attracting and supervising graduate students.

Applicants must have:
• A PhD in family gerontology or another relevant discipline such as family science, family studies, human ecology, or family sociology with an emphasis on aging.
• A successful record of research in families and aging, including publications and funding support.
• Demonstrated excellence in university teaching and the ability to contribute to interdisciplinary educational and research programs.
• A collaborative working style that is a good fit with the Department of Human Ecology.

The preferred start date is July 1, 2014. The competition will remain open until the position is filled. To apply, please submit a cover letter that addresses the requirements of the position and describes the focus of your scholarship, a curriculum vitae, a teaching dossier, copies of two publications, and the names and contact information for three referees. Review of applications will commence April 1, 2014.

Interested applicants can submit application materials electronically to:
Dr. Deanna Williamson, Chair- Department of Human Ecology
University of Alberta
Edmonton, AB, Canada
e-mail: deanna.williamson@ualberta.ca Phone: 780-492-5770

All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. If suitable Canadian citizens and permanent residents cannot be found, other individuals will be considered.
SAMHSA Provides Transition Guidance for ICD-10 Classification System

The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued a new fact sheet designed to help mental health and substance abuse service providers make the transition to the new International Classification of Diseases, 10th Edition (ICD-10) code sets. The ICD-10, which goes into effect on October 1, will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). The change to ICD-10 does not affect Current Procedural Terminology coding for outpatient procedures. However, all of the services provided for either substance use or mental disorders are subject to HIPAA standards; therefore, health care providers must shift to ICD-10 once it becomes effective. The fact sheet answers many common questions about ICD-10, including preparation for implementation, and provides advice on how providers can ensure that they and their support systems (e.g., staff, electronic reporting systems, billing procedures, etc.) are compliant with ICD-10 requirements. The SAMHSA fact sheet is available at store.samhsa.gov/product/SMA14-4804.

New Toolkit Promotes Behavioral Health In Nursing Homes

Nursing homes are challenged to reduce the use of antipsychotic drugs for the behavioral and psychological symptoms of dementia (BPSD), but staff in these settings report that they are unprepared to substitute non-pharmacological alternatives. With support from The Commonwealth and Hartford Foundations, an interdisciplinary group of behavioral experts was convened to address this issue. The product of their work is a comprehensive toolkit of peer-reviewed/expert-endorsed existing resources that can be used to implement a facility-wide, non-pharmacological approach to BPSD. Included in the toolkit are educational resources; methods for assessing BPSD; non-pharmacological approaches for BPSD; system-wide methods for integrating these approaches into the culture of care; and a section on responding to emergent behaviors. The toolkit is available free of charge at www.nursinghometoolkit.com. GSA Fellows Ann Kolanwoski, PhD, RN, FAAN, and Kimberly Van Haitsma, PhD were the principal investigators on the project.

Many Are Thrust into Family Caregiving Roles During Prime Working Years

The United Hospital Fund (UHF) and the AARP Public Policy Institute (PPI) have issued a report showing that employed family caregivers, despite their workplace obligations, perform many of the tasks that health care professionals do, which involves a range of medical/nursing tasks including medication management, wound care, using meters and monitors, and more. While UHF and PPI had previously documented that nearly half of family caregivers nationally performed these types of tasks in addition to familiar personal care and household supports, the new report is the first to document that those who have the responsibilities of full- or part-time employment take on this high level of support in similar proportions. Researchers found that 45 percent of employed family caregivers were responsible for helping with medical/nursing tasks; the earlier joint study found that 46 percent of all caregivers in the survey performed such tasks. GSA Fellow Susan C. Reinhard, RhD, RN, FAAN, was a co-author of this report. “Employed Family Caregivers Providing Complex Chronic Care” is available at www.uhfnyc.org/publications/880949. The earlier report, “Home Alone: Family Caregivers Providing Complex Chronic Care,” is also available at www.uhfnyc.org/publications/880853.

ESPO Webinar Offers Advice on Manuscript Publishing

For many new scholars, navigating the publishing path can be both exciting and intimidating. On February 7, GSA’s Emerging Scholar and Professional Organization (ESPO) held its inaugural career development webinar to address the issues that often arise during the race to get published. GSA Fellow Merril Silverstein, PhD, editor of The Journal of Gerontology: Social Sciences was the presenter. The recorded webinar can be accessed at www.geron.org/Resources/gsa-webinar-archive.