Landmark Fundraising Effort Enables Future Development

GSA has launched an annual giving campaign, providing an opportunity for donors to make an ongoing commitment to research, education, and practice in the field of aging. In recognition of the Society’s 65th anniversary, the campaign theme for this first year is “Give65” and the initial goal is $65,000. All contributions will support the new GSA Innovation Fund, which will be used to create new programs, products, and services for members.

Such endeavors could include a curricular-based webinar series on contemporary aging issues and research methods; a Society-wide mentoring program to foster professional development; a comprehensive professional career center; a series of local, year-round networking events; an advanced grant-writing skills workshop; community outreach tools to educate the public about gerontology; new GSA research journal offerings; and resources for Emerging Scholar and Professional Organization members and the next generation of leaders in gerontology.

“I invested in the GSA Innovation Fund because it will enable the Society to be flexible, responsive, and future-focused,” said GSA President Peggye-Dilworth Anderson, PhD. “Unlike our other revenue streams, the money raised will be used exclusively to create and explore new opportunities that will enhance the membership experience.”

Like many other successful non-profit organizations, GSA decided to implement an annual giving campaign to encourage a culture of philanthropy and stimulate the development of new resources.

Noted Performer Will Headline Meeting’s Anniversary Tribute

GSA will welcome playwright, actor, and professor Anna Deavere Smith to its upcoming Annual Scientific Meeting — to be held in New Orleans, LA, from November 19 to 23 — for a special event commemorating the Society’s 65th anniversary.

Preceded by a networking reception, “GSA 65th Anniversary Celebration: An Evening with Anna Deavere Smith” will take place on the night of Monday, November 22. This one-of-a-kind session, organized in honor of a major milestone in the Society’s history, will be open to all meeting attendees and will serve as the capstone for numerous anniversary-related festivities throughout the year.

Under the title “Longevity, Vulnerability, and Resilience,” Smith’s presentation will incorporate her original style of stage performance. It was described as “a blend of theatrical art, social commentary, journalism, and intimate reverie” in a statement from the MacArthur Foundation, which awarded Smith one of its prestigious “genius grant” fellowships in 1996.

“I have seen her perform. She really captures the joy and pain of maturity,” said GSA President Peggye-Dilworth Anderson, PhD.
GSA Hits New Stride at 65
By James Appleby, RPh, MPH
jappleby@geron.org

May 18 marks the 65th anniversary of GSA’s founding. When the certificate of incorporation was signed in New York City in 1945, pioneers such as James Birren — our oldest living president — were establishing gerontology as a recognized academic field.

As 2010 progresses, GSA will celebrate the occasion in many ways. Like so many of our accomplishments over the past six and a half decades, many of them will rely on active member participation to be successful.

For example, one of the most visible initiatives is the launch of an annual giving campaign. In keeping with the spirit of our anniversary, the theme for this first year is “Give65,” explained in greater detail on the front page of this newsletter. The funds raised will be directed towards a new GSA Innovation Fund to be used for developing new products and services that will benefit members. In other words, we want to have the strongest possible foundation on which to build the next 65 years.

We also are launching a YouTube contest this month. Gerontologists are well aware that older people are becoming an increasingly prominent demographic around the world. Contest participants will be asked to develop a video that answers the question, “What does the global aging trend mean to you?” We will showcase the winning entries at our annual meeting in November. The grand prize will be $500 and a round trip flight voucher from AirTran; the runner-up will receive $300. Complete details and rules are available at www.geron.org.

To help us develop our celebration materials, we are seeking old photos from past events and other key moments in the Society’s history. If you have any pictures you can share with us, please contact Judie Lieu at our staff office at jlieu@geron.org.

Each month, Gerontology News brings our attention to important milestones in our history. On a quarterly basis, we also will run special in-depth pieces on GSA achievements that changed the course of gerontology. The first ran in the March issue and detailed GSA’s involvement in the creation of the National Institute on Aging.

All of GSA’s journal issues released in 2010 also will feature special anniversary-related articles that examine the current state of aging research and the developments that brought us to where we are today. GSA’s publisher, Oxford Journals, has set up a dedicated website that compiles these articles. The content, located at www.oxfordjournals.org/our_journals/gsa_anniv.html, also is accessible to non-subscribers.

The celebration will reach its peak when everyone gathers in New Orleans for the Annual Scientific Meeting from November 19 to 23. As detailed on the front page, we will host an anniversary-themed evening event with special guest speaker Anna Deavere Smith. All session attendees also will receive a commemorative book.

I would like to express my appreciation to the GSA staff and 65th Anniversary Task Force for their hard work in developing these activities. Your involvement in any or all of them is a welcome show of support for the Society and its mission.

Sincerely,

James

Gerontology News (ISSN 1083 222X) is published monthly by The Gerontological Society of America, 1220 L Street NW, Suite 901, Washington, DC 20005 and additional mailing offices. Subscription for members of the Society is included in annual dues. Non-member subscription rate is $50 per year in the US or Canada. Foreign subscriptions are available for an additional $25 to cover air mail overseas postage and special handling. News items must be submitted by the first of the month prior to publication.

Articles may be photocopied for educational purposes without permission. Please credit Gerontology News.

Send news items to:
Gerontology News
The Gerontological Society of America
1220 L Street NW, Suite 901
Washington, DC 20005-4018
or email: tkluss@geron.org

Send advertisements to:
Jason Hawthorne Petty
1220 L Street NW, Suite 901
Washington, DC 20005-4018
or email: advertising@geron.org

Ad rates are available at www.geron.org

Advertising policy: Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging. We reserve the right to reject or discontinue any advertising. Ads do not constitute an endorsement by The Gerontological Society of America.
New Publication by Member

- “By Himself: The Older Man’s Experience of Widowhood,” by Deborah K. van den Hoonoord. Published by University of Toronto Press.

Members in the News

- Eva Schmitt, PhD, was quoted in a March 31 New York Times blog entry. She discussed her recent study published in The Gerontologist, which reported on benefits for senior participants at adult day health centers.
- In a recent AOL News column, former GSA President Robert Binstock, PhD, discussed his research on the senior segment of the American electorate. He has found that older voters generally do not favor political candidates based on their positions on age-related issues.
- Thomas Perls, MD, MPH, Becca Levy, PhD, and Mary Lee Hummert, PhD, were quoted in the March 15 issue of The Boston Globe. They featured in an article that discussed the consequences of negative perceptions of elders.
- Marilyn Gugliucci, PhD, and Lenard Kaye, PhD, were interviewed recently by the Maine Public Broadcasting Network. They spoke about issues concerning sexual activity in old age.

Monthly Poll Results

Which, if any, of the following data sets do you use most often in your research?

- None of these: 41.8%
- Health and Retirement Study: 21.6%
- Census data: 20.4%
- National Long-Term Care Survey: 9.2%
- Survey of Income and Program Participation: 1%

Number of voters: 98
Vote in the newest poll at www.geron.org!

Member Spotlight

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

Linda Harootyan, MSW & Robert Harootyan, MS
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: Prem S. Fry

The recipient, who became eligible after referring new member Nava R. Silton, 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/ColleagueConnection.htm

Markides Receives Roybal Institute’s First Pearmain Prize

GSA Fellow Kyriakos Markides, PhD, has been awarded the Pearmain Prize from the nationally recognized Edward R. Roybal Institute on Aging at the University of Southern California, Los Angeles. Markides, the initial recipient of this award, is best known for his ongoing research of aging among Mexican Americans that he has been conducting since 1976. He is also known for coining the term “Hispanic Paradox”, referring to the population’s relatively favorable health despite high risk factors, namely their lower-than-average socioeconomic status. Markides is the Annie and John Gnitizinger Distinguished Professor of Aging and the director of the Division of Sociomedical Sciences in the Department of Preventive Medicine and Community Health at the University of Texas Medical Branch.

ASA Taps Pynoos for Excellence Award

GSA Fellow Jon Pynoos, PhD, the UPS Foundation Professor of Gerontology at the University of Southern California (USC) Davis School of Gerontology, has received the Excellence in the Field of Aging Award from the American Society on Aging (ASA) for his contributions to aging-related research, advocacy, and administration. Pynoos serves as the director of the National Resource Center on Supportive Housing and Home Modifications and the co-director of the Fall Prevention Center of Excellence at USC. The award was presented at the ASA’s Aging in America conference in Chicago, IL.

AJN Award Recognizes Tabloski’s Book

GSA Fellow Patricia Tabloski, PhD, RNC, has received 2009 Book of the Year honors from the American Journal of Nursing (AJN) for “Gerontological Nursing, Second Edition.” This publication is a practical, research-based guide for nurses who need to assess, diagnose, plan, and evaluate care outcomes for their older clients. Tabloski currently serves as associate dean of graduate programs at Boston College’s William F. Connell School of Nursing. Her nursing and research careers have focused on the sleep and care of the elderly, specifically in the areas of sleep improvement for nursing home residents, hospice care, Alzheimer’s disease, and palliative care. She founded and directs the palliative care nursing specialty in the Connell School’s master of science degree program.

Feather Reaches ASA’s Top Post

John Feather, PhD, was installed as chairman of the Board of Directors of the American Society on Aging (ASA), the highest elected volunteer office in the organization, at the recent Aging in America conference in Chicago, IL. He will serve for two years. He is currently the executive director and CEO of the American Society of Consultant Pharmacists, the national professional association of pharmacists dedicated to serving the elderly, and also treasurer of the National Hispanic Council on Aging.
Older Americans Month and Health Care Reform Provisions

Since 1963, the month of May has been commemorated as a celebration of older Americans. At first, the month was known as “Senior Citizens Month” but President Jimmy Carter changed the name in 1980 to “Older Americans Month.”

The theme of this year’s Older Americans Month is “Age Strong! Live Long!” This seems particularly fitting, given the recent passage of health care reform and all of the provisions that will benefit older Americans. The health reform legislation creates a prevention benefit under Medicare and a new program for long-term care insurance, enhances several geriatric education programs, creates demonstrations on care coordination, diminishes the pre-existing condition rule in insurance, improves the Medicare and Medicaid programs, and enacts the Elder Justice Act.

The landmark health care reform legislation (H.R. 3590) was signed into law by President Barack Obama on March 23. One week later, he signed the Reconciliation Act of 2010 (the “fix”), which modifies H.R. 3590. Taken together, these two bills comprise the health care reform package. Passing a health care reform law was a hugely important and politically necessary achievement for President Obama. And although the legislation has many detractors, it is a critical step toward improving a health system whose costs are spiraling out of control and whose priorities and approaches need to be re-directed toward quality, research-driven policy, and patient care.

National Long-Term Care Insurance

The health reform package includes a new and potentially momentous change in the nation’s approach to long-term care with the Community Living Assistance Services and Supports (CLASS) Act, which was introduced by the late Senator Edward M. Kennedy. This provision establishes a new national long-term care insurance program funded through voluntary payroll deductions. Enrollees who are unable to perform activities of daily living will be eligible for a cash benefit to use towards community living assistance services and supports. The cash benefits can be applied to nursing-home care, but in an effort to encourage enrollees to stay in their own homes, payouts can cover such things as wheelchair ramps and wages for home health care aides.

According to the Congressional Budget Office, the CLASS program will reduce the deficit by $70 billion over 10 years due to the payment of premiums by enrollees (the voluntary payroll deductions) in excess of benefits paid out in the first decade, and including federal Medicaid savings.

The CLASS Act is not without its flaws. Detractors say that there isn’t sufficient funding to market the program, meaning participation in the program might be too low to spread out the risk. Initial participation estimates range from 2.5 percent of the population to six percent, which may be too low to keep the premiums from escalating to prohibitively high amounts — as much as $180 per month by some estimates. Others disagree with these estimates and believe that participation will be higher, thus keeping premiums low.

The CLASS Act establishes a Personal Care Attendants Workforce Advisory Panel to examine the number of such workers, their salaries, wages, and benefits; the panel will report to the Secretary of Health and Human Services and the Congress.

Geriatric Education and Training

The bill authorizes funding for Geriatric Education Centers to support training in geriatrics, chronic care management, and long-term care issues for health professionals faculty, as well as for direct care workers and family caregivers. The centers receiving these grants are required to train family caregivers and direct care providers at minimal or no charge and to incorporate mental health and dementia best practices into their curricula.

The Geriatric Academic Career Awards will expand to include mini-fellowships to advanced practice nurses, clinical social workers, pharmacists, and psychologists. There is also a new Geriatric Career Incentive Awards program for master’s level candidates.

The health care reform package also authorizes $10 million over three years to establish advanced training opportunities — such as tuition support for obtaining a nursing degree or specialized training — for direct care workers (certified nurse aides, home health aides, and personal/home care aides) who already are employed in long-term care facilities.

Two provisions in the new law address the assessment and analysis of the health care workforce: the National Center for Health Care Workforce Analysis will be expanded to several regional centers, while a new National Health Care Workforce Commission will be established to evaluate training and education programs and report to Congress and the administration on whether the demand for health care workers is being met.

Medicare

The most famous change to Medicare in the new law is the gradual closing of the Medicare Part D doughnut hole. Medicare beneficiaries who reach the Part D coverage gap in 2010 will receive a $250 rebate for their prescription drug purchases.

Another new benefit is Medicare coverage, with no co-payment or deductible, of an annual wellness visit and creation of a personalized prevention assessment and plan.

The Medicare Advantage plans’ payment rates have been restructured to align more closely to the traditional fee-for-service...
rates. These provisions are based on a recommendation by the non-partisan Medicare Payment Advisory Commission and supported by advocates for Medicare beneficiaries such as the Center for Medicare Advocacy.

The new law’s Medicare provisions purport to strengthen the program and extend the life of the Medicare Trust Fund by nine years, according to the Congressional Budget Office. (It was projected to be depleted by 2017.)

Care Coordination

One of the more innovative aspects of health care reform involves the coordination of care for chronically ill patients and those undergoing hospitalization. The goal is to develop care coordination techniques that improve patient health while holding down costs. The bill incorporates several demonstrations and grants to foster the development and implementation of care coordination projects, such as:

- A new Innovation Center within the Centers for Medicare and Medicaid Services to test, evaluate, and expand different Medicare and Medicaid payment structures to foster patient-centered care and care coordination across treatment settings and slow cost growth.

- One project under Medicaid allows chronically ill Medicaid enrollees to designate a health care provider or team of providers as their “health home” or “medical home.” This designee would be responsible for coordinating the care of the individual, including keeping track of medications, assembling test results, communicating with other health professionals, and managing service delivery.

- The Independence at Home demonstration program provides high-need Medicare beneficiaries with primary care services in their homes and allows participating teams of health professionals to share in any savings if they reduce preventable hospitalizations, prevent hospital readmissions, improve health outcomes, improve the efficiency of care, reduce the cost of health care services, and achieve patient satisfaction.

Health Care Reforms that Didn’t Make the Cut — but Should Have

At the passage of the two health care reform bills, advocates experienced everything from delight to dismay, from elation to irritation and exhaustion. Opponents predicted that health care as we know it would deteriorate into long waits for care, death panels, and a dearth of doctors. So far, the effect has been negligible as many of the provisions will take effect over time. Advocates do feel, however, that there are several problems with the legislation. First and foremost, a sizable number of people are disappointed that there is no public option in the law (i.e., no government-sponsored coverage option to compete with the private insurance options). Another area of concern is the age-rating system; health insurers set the price of the insurance premium based on the age of the customer as well as the gender. Older people can be charged many times more than a younger person. In the health care reform bill, the “age-rating” was held to a ratio of 3:1 (i.e., older people can be charged up to 3 times as much as a younger person).

Under Medicare, a newly established Independent Payment Advisory Board will have authority to make recommendations for Medicare cost-savings. This could be problematic if Medicare cost increases are not compared with system-wide health care cost changes. Also, in the new law, the Medicare Part D premiums are tied to income, and will move more Part B and Part D beneficiaries into higher-income categories — meaning higher premiums — due to a freeze on thresholds.

In summary, the new health care reform legislation is not perfect. Is it better than that proposed by President Richard Nixon in the 1970s? Is it better than the “HillaryCare” of the 1990s? Paul Van de Water, a longtime Congressional Budget Office analyst and now a senior fellow at the Center for Budget and Policy Priorities, said, “the criticisms are absolutely true, but you design things the best you can. If we only did [legislation] that entailed no risk, I don’t think we’d ever do much of anything.”

Latest Public Policy & Aging Report Spotlights Health and Aging Policy Fellows Program

The unique experiences of the 2008–2009 inaugural cohort of Health and Aging Policy Fellows are captured in this special issue highlighting the new Atlantic Philanthropies-funded program. In their own words, the Fellows share their fascinating “insider” accounts of beginning their fellowship year in the midst of historic health care reform efforts.

This installment of Public Policy & Aging Report, as well as copies of past issues, may be ordered online at www.agingsoociety.org. Annual subscriptions are also available.
George Mason Starts First Degree in Senior Housing Administration

George Mason University has announced the launch of the nation's first degree for executives seeking to manage the country's nearly 50,000 active adult, assisted living, continuing care retirement, and related senior housing communities. As approved by the State Council of Higher Education for Virginia, the new Master of Science in Senior Housing Administration (MSHA) program will begin in the fall 2010 semester. Administered through the university’s College of Health and Human Services, the degree will offer coursework in senior housing and health care administration, as well as an interdisciplinary range of topics including business administration, aging, ethics, health policy, assistive technology, therapeutic recreation, and Alzheimer's disease. Administrator positions in current communities are typically filled by individuals with degrees in business, health care, or nursing, but with the National Institute on Aging estimating that one of every five people in the U.S. will be over the age of 65 by 2030, demand for executives trained in the unique aspects of senior housing is expected to grow.

Community Colleges Among Recipients of Stimulus Funds

On February 12, the U.S. Department of Labor announced the allocation of more than $2.25 million in health care and high growth training grants funded by the American Recovery and Reinvestment Act of 2009. The funds will be directed to community colleges, community-based organizations, state workforce agencies, and other public entities in order to deliver training that leads to employment in a range of health care fields and other growing industries.

Johnstown To Begin Admitting Nursing Students

The Pennsylvania State Board of Nursing has authorized the University of Pittsburgh at Johnstown to begin offering a Bachelor of Science in Nursing. The campus will enroll its first cohort of nursing students in the fall of 2010. The degree will be accredited by the Commission on Collegiate Nursing Education (CCNE) through the University of Pittsburgh School of Nursing. The Johnstown program will combine clinical practice with traditional nursing theory and values that emphasize holistic patient care. Students in the program will develop a strong theoretical base of biological and behavioral sciences with a foundation in the liberal arts, providing them with the skills and experience necessary for careers in today's nursing profession.

Irish School Expands Social Sciences Research

The Lifecycle Institute, a major new initiative in the social sciences at National University of Ireland Galway (NUIG), has just launched. Funded by philanthropic donations and in collaboration with The Atlantic Philanthropies, the Lifecycle Institute is aimed at advancing an integrated approach to policy and services research for older people, children and families, and people with disabilities.

The multidisciplinary facility will integrate and advance the work of three existing centres at NUIG — the Child and Family Resource Centre, the Disability Law and Policy Centre, and the Irish Centre for Social Gerontology.

UNLV Considers Axing Gerontology Program

To meet a budget request from the Nevada State Legislature, The University of Nevada, Las Vegas (UNLV) is considering eliminating its gerontology certificate program. According to The Las Vegas Sun, removing the program would save the school $10,000 in direct operating expenses and $70,000 for one full-time faculty position. The certificate requires 24 credits — nine in core courses such as the psychology of aging and counseling older adults, nine in electives, and six in field work. For a full-time student, the requirements typically take a year to complete and cost $4,110 in tuition. The U.S. Census Bureau estimates that by 2020, Nevada will have more than 530,000 residents age 65 or older, an increase of 61 percent in 10 years. Only Alaska and Arizona are projected to see bigger jumps in their senior populations.

MSU Grant Enables New Nursing Facility

Michigan State University's (MSU) College of Nursing has been awarded nearly $7.45 million in federal stimulus money to expand its research facilities and capacity in a new building. The funding, from the National Institutes of Health's National Center for Research Resources, will enable the relocation of the college’s Nursing Research Center and faculty into the new Bott Building for Nursing Education and Research. The $17.6 million building effort also has secured $10.15 million in additional support, including a $7 million commitment from the Timothy and Bernadette Marquez Foundation. College of Nursing researchers conduct research in areas such as obesity prevention, symptom management, cancer, gerontology, and health promotion.

State Funds Boost California Nursing Program

The California Office of Statewide Health Planning and Development (OSHPD) has awarded $170,000 to the School of Nursing at California State University, Long Beach (CSULB) to support family nurse practitioner training and preparation for careers in primary care. CSULB received the largest of the 15 awards that were given to universities throughout the state. Awarded through the OSHPD’s Song-Brown Program, the grants totaled more than $1.7 million and are meant to address the growing demand for health care practitioners throughout California. The CSULB School of Nursing will use the funds in a variety of ways, including hiring a nursing faculty member to help find clinical placements for family nurse practitioners in underserved areas. The money also will enable students to take three medical Spanish-language courses, which will help them to take health histories and interview patients and family members who speak only Spanish.
to climb from the current 500,000 to roughly 1 million by 2050. The number of people diagnosed with Alzheimer’s every year is expected to grow even more rapidly, the report suggests. The overall rates of Alzheimer’s continue to grow, the rates among these populations will grow even more rapidly, the report suggests. As part of this effort, the FCA has developed a website, Newsletter Focus on State Caregiver Programs

The Family Caregiver Alliance (FCA) — in partnership with ARCH National Respite Network and Resource Center and with funding from the U.S. Administration on Aging — has launched a new website focused on supporting state caregiver program development. As part of this effort, the FCA has developed a bimonthly e-newsletter that offers timely information about best practices, key research findings, policy trends related to family caregiving, news, and listings of training opportunities. For more information, visit caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2343.

Website, Newsletter Focus on State Caregiver Programs

The Family Caregiver Alliance (FCA) — in partnership with ARCH National Respite Network and Resource Center and with funding from the U.S. Administration on Aging — has launched a new website focused on supporting state caregiver program development. As part of this effort, the FCA has developed a bimonthly e-newsletter that offers timely information about best practices, key research findings, policy trends related to family caregiving, news, and listings of training opportunities. For more information, visit caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2343.

Data Indicate Higher Alzheimer’s Risk for Minorities

The Alzheimer’s Association’s “2010 Alzheimer’s Disease Facts and Figures” report, available at www.alz.org/alzheimers_disease_facts_figures.asp, shows that blacks are twice as likely as whites to develop Alzheimer’s disease. Hispanics are 1.5 times as likely, according to the report. One of the reasons for the disparity is the increasing instance of high blood pressure and diabetes in minority populations. The Alzheimer’s Association reports that high blood pressure and diabetes contribute to higher rates of Alzheimer’s among all populations. As overall rates of Alzheimer’s continue to grow, the rates among these populations will grow even more rapidly, the report suggests. The number of people diagnosed with Alzheimer’s every year is expected to climb from the current 500,000 to roughly 1 million by 2050.

New Brief Explores Caregiver Training

The International Longevity Center-USA and MetLife Foundation have published a caregiving brief, titled “Community Colleges and Caregiver Training: Implications for Policymakers.” The report highlights the need for quality caregivers in home- and community-based initiatives, and reviews policy issues related to appropriate training and education for this workforce. Recent years have seen an increasing number of federal and state initiatives intended to encourage older people to remain in their communities longer by promoting home- and community-based services. This is in response to consumer demands, legal precedents, and fiscal pressures to reduce costly nursing home care and increase home and community-based options. Medicaid, which is the primary payer of long-term care, is increasingly focused on programs that help individuals to remain in the community for as long as possible. One common element of these initiatives is a reliance on in-home caregivers — both paid caregivers and family caregivers. Their roles and responsibilities are increasing steadily, yet their education and training requirements are often limited. The report is available for download at www.womensfoundca.org. An executive summary is also available in Simplified Chinese, Hmong, Khmer, Korean, and Spanish.

Web Resource Provides Legal Insight for Aging Advocates

The U.S. Administration on Aging has launched a new website, located at www.nlrc.aoa.gov, for the National Legal Resource Center (NLRC). The NLRC equips legal and aging services advocates with the resources necessary to provide high quality legal help to older adults who face direct threats to their ability to live independently in their homes and communities.

Employers Concerned About Workers’ Retirement, Survey Finds

Four out of ten employers responding to a survey from the Sloan Center on Aging and Work at Boston College indicate that the aging workforce will have a negative/very negative effect on their businesses within the next three years. The majority of participants, however, report either not having analyzed at all or having analyzed only to a limited extent the demographics of their workforce (68 percent) and the projected retirement dates of their employees (77 percent). The study provides implications for employers and action steps for workforce planning based on business concerns related to both the changing demographics and the economy. A report on the survey is available for download at agingandwork.bc.edu/documents/IB23_TalentMangmntStudy_2009-10-23.pdf.
Anthony Rogers

A regular feature that goes behind the scenes at GSA headquarters

Anthony Rogers, a native of Washington, DC, is GSA’s director of information technology. He joined the staff in 2006 after working as the information systems manager for the American Beverage Licensees. Rogers received a bachelor’s degree in business administration from the University of Maryland Eastern Shore and a Database Management Certification from the University of Maryland University College.

His primary responsibility is to manage and provide support for all matters related to information technology within the GSA office. Rogers maintains the Society’s network servers, telephone system, wireless network, desktop workstations, and laptop computers. He also oversees the ClearVantage association management system, which contains GSA’s master database of member information.

Furthermore, Rogers manages all technical aspects of the GSA website, working with the developer, Confluence, to implement upgrades, web forms, and e-commerce capabilities.
NIA Monies Set Aside for Diverse Students’ Dissertation Work

The National Institute on Aging (NIA) is seeking applications for its Aging Research Dissertation Awards to Increase Diversity program. These awards are available to qualified pre-doctoral students in accredited research doctoral programs in the U.S. (including Puerto Rico and other U.S. territories or possessions). The NIA is encouraging applications for dissertation support across all areas of research supported by the Institute, including the biology of aging; behavioral and social research on aging; neuroscience and neuropsychology of aging; and geriatrics and clinical gerontology. The NIA particularly encourages interdisciplinary research that spans the areas of interest of more than one program. In general, the NIA takes a broad view of aging-related research, supporting research focused on understanding the process of aging as well as links connecting the aging process and susceptibility to age-related diseases. The NIA encourages the application of the highest quality science in appropriate model systems applied to research on aging. In general, the NIA considers a topic to be on aging when the research involves age comparisons in biological, clinical, behavioral, or social processes where emphasis is on age-related differences or changes during adult life; longitudinal studies focusing on later life outcomes; the role of the aging process in diseases and medical conditions that primarily affect older adults, including the origins of these conditions at any stage of life; or molecular, cellular, animal, or simulation models of age-related processes. The NIA supports both primary data collection and secondary analyses of existing data sets related to the above. This funding opportunity expires January 8, 2011. See grants.nih.gov/grants/guide/pa-files/PA-08-250.html for further details.

Federal Agencies Offer Thyroid Research Grants

The National Cancer Institute and the National Institute on Aging have teamed to offer a funding opportunity announcement related to thyroid research. These grants are intended to promote basic, translational, and clinical studies that lead to increased understanding of the physiology of the aging thyroid and improved diagnosis and management of thyroid disease in the elderly. The Institutes invite high quality preclinical and clinical research grant applications focusing on the effects of dietary components on angiogenesis, dysplastic and neoplastic transformation of thyroid tissue, and/or side-effects of thyroid cancer treatment; or diet-based strategies for improved thyroid cancer survivorship. Applications related to bioactive food components may identify molecular targeting efficiencies of single or a combination of nutrients and/or bioactive food component(s) that could modify angiogenesis and/or thyroid carcinogenesis. Proposals focused on genetic, epigenetic, transcriptomic, proteomic, or metabolomic variations that predict responses to bioactive food components in prevention, diagnosis, or treatment of thyroid cancers also are encouraged. Applications for the funds will be accepted until January 8, 2011. Visit grants.nih.gov/grants/guide/pa-files/PA-08-039.html for more information.

New NIA Funds To Address Cognitive Impairment

The National Institute on Aging is seeking grant applications for research that advances the discovery of new, efficacious therapies for the treatment, delay of progression, or prevention of Alzheimer’s disease, mild cognitive impairment, and age-related cognitive decline. This funding opportunity supports the early stages of drug discovery necessary to identify promising disease-modifying therapies as well as treatments aimed at ameliorating the cognitive and neuropsychiatric/behavioral symptoms characteristic of Alzheimer’s disease. Studies aimed at the discovery and testing of therapies directed at a variety of established, as well as novel, therapeutic targets are encouraged. The scope of this funding opportunity encompasses drug discovery projects ranging from target validation and initial high-throughput screening to lead identification. It is expected that if successful, these projects will provide sufficient data to initiate additional pre-clinical development aimed towards investigational new drugs from the Food and Drug Administration. Applications for these funds will be accepted until May 8, 2013. For more details, visit grants.nih.gov/grants/guide/pa-files/PAS-10-151.html.

Research on Injury and Aging Sought

Four agencies within the National Institutes of Health (the National Institute on Aging, the National Heart, Lung, and Blood Institute, the National Institute on Neurological Disorders and Stroke, and the National Institute on Nursing Research) jointly are soliciting grant applications designed to study mechanisms and management of critical illness and injury, including trauma and neurotrauma, in aging. In recent years there have been important advances in the evaluation and management of critical illnesses and injuries. The relationship of critical care and aging, however, remains understudied. The treatment of critical illnesses of elders is frequently a simple extension of the treatments applied to younger adult populations. Given the structural and functional changes associated with age, it is probable that such changes influence the characteristics and treatment of illnesses of the elderly. Proposed studies may be mechanistic, observational or interventional in nature. This funding opportunity will close on January 8, 2013. See grants.nih.gov/grants/guide/pa-files/PA-10-042.html for more information.

Advertise with Us!

Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging. This newsletter reaches GSA’s 5,000 members both in print and online.

See the current rates on GSA’s website, www.geron.org under the “Support Us” tab.
GSA Office Welcomes Chinese Delegation

A group of Chinese doctors visiting the U.S. met with senior staff representatives at GSA’s headquarters in Washington, DC, in early April. The trip was part of a larger national tour organized by the Arthur F. Sackler Foundation, which recently presented three of the physicians — Rui Hu, MD, Ming Lui, MD, and Jian Cao, MD — with the Arthur and Laurie Sackler Chinese Doctor of the Year Award. Accompanying them was China Medical Tribune Editor Jie Chen, MD, and Curtis Cutter of Interworld Consultants. The GSA staffers spoke about the Society and its mission, while the Chinese delegation elaborated on their award-winning work. Both parties then discussed the potential for future collaboration.

Report Gives Latest Details on Global Trends

“World Population Ageing Report 2009” is a new report from the United Nations that offers a demographic profile of the older global population, and explores the demographic determinants and speed of population aging and the changing balance among age groups. It addresses additional topics such as fertility rates, population growth, growth within the aging population, and the differences between wealthy and poor countries. The report can be downloaded in PDF format at www.globalaging.org/agingwatch/desa/population/ageingpopulation.pdf.

Robotic Bear Designed as Companion for Seniors

According to the U.K.’s The Independent, Japanese researchers have developed a teddy bear robot designed to comfort the elderly and children by reading facial expressions and actions and responding to them. The invention by Fujitsu still is early in its production phase, but the electronics giant rolled out the as-yet-unnamed prototype for an early glimpse at an exhibition near Tokyo in mid April. A camera in the nose of the bear can detect human faces and actions, such as waving of hands, while sensors inside its head and limbs can detect human touches and caresses. The bear can respond with more than 300 actions of its own, from giggling and laughing to waving its paws, taking a nap, and even snoring.

The University of Maine School of Nursing invites applications for one full-time tenure track faculty position at the Assistant Professor level in our undergraduate and graduate nursing programs. The position begins August 30, 2010, or when a suitable candidate is identified. The successful faculty applicant should be capable of teaching adult health nursing. Preference will be given to applicants with experience in gerontological nursing.

Responsibilities: Didactic and clinical teaching in BSN and graduate programs, engagement in scholarly activities in field of expertise, participation in academic advisement and in School and University committees and service.

Qualifications: Applicants must have an earned Doctorate in Nursing, or a Master’s in Nursing with a Doctorate in a related field, at the time of appointment. Applicants who will complete their doctorate by hire date will be considered. Preference will be given to the applicant with evidence of productivity in identifiable areas of research. Certification in nursing specialty is preferred. Successful applicants must have excellent communication and collaboration skills and the ability to work as a team member.

The University of Maine is the flagship campus of the seven campus University of Maine System. The School of Nursing offers CCNE accredited BSN, RN to BSN, and MSN programs. Opportunities are available to collaborate with the University of Maine’s Center on Aging, a University-wide interdisciplinary center specializing in aging education, research and community service. Acadia National Park and other recreational areas are within easy driving distance from campus.

Review of applications will begin immediately and continue until the position is filled.

To apply, send a letter of interest, current curriculum vitae, and contact information for three current references to:
Elizabeth Bicknell
Chair, Search Committee
School of Nursing
University of Maine
5724 Dunn Hall, Room 243
Orono, Maine 04469-5724

Email: Bicknell@maine.edu
Call 207-581-2592 for further information. Visit the University of Maine School of Nursing website: www.umaine.edu/nursing.

The University of Maine is an Equal Opportunity/Affirmative Action Employer.
Summer approaching is slowly but surely. It is a time for not only rejuvenating and re-energizing, but also for continued professional enrichment among emerging scholars and professionals. There are many formal and informal opportunities available in the summer for personal and professional growth that can fuel current and future work agendas.

Formal opportunities for professional enrichment may be available locally, nationally, and internationally. Emerging scholars and professionals are encouraged to seek out methodological workshops, teaching workshops, and summer classes that are offered at local universities — as well as universities and research institutes across the globe. Several methodology training workshops are available throughout summer. These workshops include both quantitative and qualitative methodology trainings. Such workshops help emerging scholars and professionals become familiar with statistical software as well as refine their skills and abilities related to conducting gerontological research. Workshops for teaching in higher education are helpful for emerging scholars and professionals who are looking for ways to improve their teaching skills. This could involve learning new methods for teaching gerontological topics to undergraduate and graduate students as well as to general public audiences. The tips and strategies offered by grant writing workshops are also extremely valuable. They provide participants with tips and strategies for significantly improving grant writing skills and increasing chances of receiving funding. Finally, emerging scholars or professionals may want to consider continuing their research and teaching agendas by taking on summer research and teaching assistantships or by taking summer classes at their local universities. In sum, formal workshops and training opportunities allow emerging scholars and professionals to advance their professional careers in structured settings.

Informal opportunities for professional enrichment provide ways to progress during the summer in less structured ways. For example, summer can be a great time to catch up on reading journal articles and books for which the academic year did not allow time. It can be helpful to keep a list of these items specifically for this purpose. Preparing post-doctorate and job applications during the summer can help emerging scholars and professionals to be fully prepared with strong applications. Many post-doctorate deadlines are set in the fall of the academic year and applying for jobs can be an ongoing process. Summer can be an excellent time to create, edit, revise, obtain feedback, and potentially submit these materials. An informal opportunity such as volunteering during the summer can bring meaning to work that is completed during the academic year. A strong connection between research, teaching, and service agendas illustrates to future employers that you are a leader in your field and have the passion and skills to accomplish your goals. In addition, it also can be extremely beneficial to become familiar with funding opportunities in your field. Emerging scholars and professionals are encouraged to become familiar and stay up to date with national funding agencies such as the National Institute of Health and the National Institute on Aging. Such funding agencies have grants or fellowships in an array of aging-related areas that may be of interest to emerging scholars and professionals. Local funding sources also can be sought out.

Overall, many opportunities, both formal and informal, exist to provide emerging scholars and professionals ways to progress during the summer. Finding a balance between relaxation and professional enhancement in the summer is certain to help emerging scholars and professionals re-gain their momentum and advance their professional goals and aspirations.

University of Alabama at Birmingham (UAB) Job Opportunity

The University of Alabama at Birmingham (UAB), Department of Medicine, Division of Gerontology, Geriatrics, and Palliative Care and the UAB Center for Palliative Care is seeking a Palliative Medicine Clinician to provide for current and planned patient care programs. This person will provide support to clinical activities of the Palliative and Supportive Care Section and will join the current Palliative Care team in providing comprehensive palliative and supportive care services to the community.

This non-tenure or tenure earning Assistant or Associate Professor position will work with the Palliative Care Section and the Geriatric Medicine Section to expand and enhance our current clinical program and to assist in the development of a full continuum of palliative and end-of-life services and programs meeting the division’s service, educational, and research missions.

Board certification or eligibility in Palliative Medicine is required. Palliative fellowship training is preferred. Opportunities for promotion and leadership are presented at both UAB and the affiliated Birmingham Veterans Affairs Medical Center sites. Contact: Peter Bosworth, MBA, (bosworth@uab.edu) (quoting Reference 010) The University of Alabama at Birmingham, 1530 3rd Avenue South, CH19 Suite 201, Birmingham, Alabama 35294-2041.

UAB is an affirmative action/equal opportunity employer. Female and minority candidates are encouraged to apply.
Save the Date

November 19-23, 2010
63rd Annual Scientific Meeting | New Orleans, LA | www.geron.org/2010

TRANSITIONS OF CARE
ACROSS THE AGING CONTINUUM