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Share GSA’s Benefits with New Graduates!
Although perfect for any occasion, GSA memberships make especially thoughtful graduation presents. (Transitional memberships are available for students who are already members.) Visit www.geron.org and click on “Gift of Membership” under the “Membership” menu item for details.

GSA Offers Hotel Discounts for Boston Meeting
Discounted hotel rates for GSA’s Annual Scientific Meeting in Boston this November are now available. Attendees can make reservations at both co-headquarters hotels, the Sheraton Boston Hotel and the Westin Copley Place. Visit www.geron.org/annualmeeting to take advantage of the lower pricing. Both properties are connected via walkway to the John B. Hynes Veterans Memorial Convention Center, where the majority of sessions will take place. The meeting is scheduled from Friday, November 18, to Tuesday, November 22, and the theme is “Lifestyle → Lifespan.” Mark your calendars now!

GSA Taps Corporate Sector Through New Panel
A GSA Corporate Advisory Panel has been convened to extend the reach of Society members’ collective expertise and develop new partnerships. A main goal of this new collaborative endeavor is to better ensure that all parties involved have the needed resources to meet the needs of the aging population.

The panel’s initial membership consists of representatives from McNeil Consumer Healthcare, Ortho-McNeil (J&J), Pfizer Inc., Purdue Pharma, and sanofi aventis U.S. The first meeting was held at GSA’s Washington, DC, headquarters on April 13.

In light of the growing demands of the baby boomer population, the Corporate Advisory Panel is expected to work strategically with GSA to address issues impacting aging research, education, practice, and business models.

“Together we will tackle the challenges being placed on industry, government, the healthcare system, communities, families, and individuals,” said GSA Director of Strategic Alliance Development Annette Schmidt, who served as a facilitator for the April meeting. “It is our goal and intention that being a member of the Corporate Advisory Panel will significantly enhance the member organization’s ability to harness the aging market trends and identify solutions that address the growing need for innovative technology, products, services, and supports.”

Moving forward, the panel will assemble twice a year for updates and brainstorming while keeping...

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Program Brings GSA’s Publications into Classrooms
GSA’s new Desk Copy Program is putting the Society’s most prominent educational publications into the hands of instructors for classroom use. Copies of several GSA books are now available at no charge to college and university faculty within the U.S., Canada, and Mexico for educational and training purposes in institutions of higher learning.

The currently available list of titles is as follows:
- “Civic Engagement in an Older America”
- “Anti-Aging Medicine: The Hype and the Reality”
- “Better Jobs Better Care: New Research on the Long-Term Care Workforce” (special issue of The Gerontologist)
- “Challenges in Nursing Home Care” (special issue of The Gerontologist)
- “Challenges of Translational Research on Aging: The Experience of the Roybal Centers” (special issue of The Gerontologist)

“We are very happy to provide this program to the valued educators within our membership,” said GSA Executive Director James Appleby. “We understand that instructors are continually looking for new books for their courses and our Society has a number of resources to help meet this need.”

The available publications can be requested by filling out an application at www.geron.org/deskcopy. Those who participate in the program will have 30 days to examine the books, which will be sent with an invoice. If the book will not be used in the...

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Aging Means Business is Back!

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

For a third-consecutive year, GSA’s day-long Aging Means Business forum has earned a spot on GSA’s Annual Scientific Meeting program. Its popularity with attendees, speakers, and sponsors has spurred several exciting developments.

The forum will take place on the GSA meeting’s pre-conference day, Friday, November 18. Mark your calendars! The chosen theme is “Design for a New Age.” As the first of the 77 million baby boomers celebrate their 65th birthday this year, Aging Means Business will explore how strong design can successfully launch products and services to serve the older demographic.

As always, the forum will allow gerontologists to engage in dialogue with local and national business leaders. We have two very talented keynote speakers lined up. Matthias Hollwich is a principal of the New York-based architecture and concept design firm Hollwich Kushner. One of the firm’s current projects is BOOM!, a retirement community in Rancho Mirage, CA, geared toward LGBT elders. Hollwich also is a visiting professor at the University of Pennsylvania, where he recently organized “New Aging: An International Conference on Aging and Architecture.”

Our other keynoter, Hunter Tura, is the president and CEO of Bruce Mau Design, a leader in breakthrough design thinking — and a partner on the BOOM! project.

By combining expert presentations and audience brainstorming, Aging Means Business will highlight the importance of aesthetics, consumer convenience, and company goals by presenting examples of innovative design in the area of products, services, and environments geared toward an aging society.

The forum also will sponsor a Student Design Contest, where entrants (any student is eligible) will be invited to propose an original product for older adults. Using principles of universal design, knowledge of the 50+ market, and a little imagination, the product can transform an existing device or be an entirely new creation. The top winners will receive cash prizes and complimentary Aging Means Business registration.

Visit www.agingmeansbusiness.com for updates on registration and the program. Attendees can register beginning in early July both for this forum and the Annual Scientific Meeting. GSA also has a specialized Twitter feed accessible at www.twitter.com/agingmeansbiz, and we feature video highlights from last year’s forum at www.youtube.com/user/AgingMeansBiz.

Since its launch in 2009, Aging Means Business has made an impact beyond an annual day-long event. The experiences of developing the forum have led GSA to explore other ways to bridge the business and research communities. One such initiative is the new Corporate Advisory Panel, which is the subject of a story on this month’s front page. The members of this board can provide ideas for new opportunities to pursue. In turn, GSA can help their organizations be successful in serving the older population. Furthermore, we can help them see the value in funding for important aging research.

This is a very exciting time to be part of GSA. As we move forward with business-related projects, the Society increasingly will tap into its members’ expertise to determine how best to serve the needs of senior consumers. Of course, whenever we embark upon new endeavors, I look forward to member feedback about how GSA should move forward. Please share your thoughts with me at jappleby@geron.org.

Sincerely,

James Appleby, RPh, MPH
jappleby@geron.org
In Memoriam

GSA Fellow Joanna Mellor, DSW, LMSW, a faculty member at Yeshiva University’s Wurzweiler School of Social Work, passed away on February 6. Prior to joining Yeshiva in 2004, Mellor served as the executive director of the Hunter/Mount Sinai Geriatric Education Center from 1986 to 1997; as an assistant professor in the Department of Geriatrics and Adult Development at the Mount Sinai School of Medicine from 1997 to 1999; the director of Connections, a volunteer outreach program; and as vice president for information services at the Lighthouse International from 1999 to 2003.

William H. Haas, PhD, passed away on October 31, 2010. For over 30 years, he was a professor of sociology at the University of North Carolina at Asheville. He was an expert on the determinants and consequences of the migration of older people. He received his doctorate from the University of Florida.

New Publications by Members

- “The Good Caregiver: A One-of-a-Kind Compassionate Resource for Anyone Caring for an Aging Loved One,” by Robert L. Kane with Jeanne Ouellette. Published by Avery.

Members in the News

- GSA Fellow Margaret Gatz, PhD, was interviewed as a guest on NPR’s “Talk of the Nation” program in early February. She discussed the effects of exercise on the human brain.
- GSA Fellow Toni Miles, MD, PhD, was profiled in the March 15 edition of USA Today. She spoke about her personal experiences of learning how exercise contributes to healthy aging.

Member Spotlight

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

Jan Wassel, PhD
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: Nicholas G. Castle, MHA, PhD
The recipient, who became eligible after referring new member David G. Wolf, was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/connection.

Levine Celebrates 15 Years of The Gerontologist Cover Photography

GSA Fellow Jeffrey Levine, MD, has posted a video on his website commemorating his 15 years of providing cover images for The Gerontologist. Since 1996, he has photographed friends, teachers, patients, and people he met during his travels in the United States and abroad. The video can be viewed at www.jeffreymlevinemd.com/fifteen-years-of-cover-photos-on-the-gerontologist. Levine is an attending physician with the Beth Israel Medical Center's Petrie Division in New York City. He also holds an appointment to Albert Einstein College of Medicine as an assistant clinical professor of medicine.

Claver Wins Birren Award

Maria Claver, PhD, MSW has been named the 2011–2012 recipient of the Betty and James E. Birren Emerging Leadership Award by the California Council on Gerontology and Geriatrics. This distinction recognizes outstanding achievements of individuals during the early to middle stages of their careers as they actively promote the advancement of gerontology and/or geriatrics as fields of study in California. Claver is an assistant professor in the Gerontology Program at California State University, Long Beach. Her areas of research include older veterans, VA emergency management, and community engagement.

Boling Receives Two Honors

As part of the Virginia Commonwealth University (VCU) School of Medicine’s 12th Annual Faculty Excellence Awards, Peter A. Boling, MD, was bestowed with the Medical College of Virginia Physicians Distinguished Clinician Award, which recognizes clinical excellence among faculty. He is a professor in the school’s Department of Internal Medicine. Boling also recently was given the Alzheimer’s Association’s Advocate of the Year Award for his work on behalf of geriatric patients, including those with Alzheimer’s disease. Boling leads the VCU House Calls program, which provides in-home primary care for home-bound, frail adults.

Kivnick Assumes Editorial Role with The Gerontologist

Helen Q. Kivnick, PhD, has been appointed as Editor: Humanities and Arts for The Gerontologist. Effective with the April 2011 issue, the journal has announced explicit interest in promoting scholarship on aging, humanities, and the arts as an important thread in the fabric of the study of aging. Kivnick will ensure disciplinary competence in reviewing and editing these manuscripts. She currently is a professor in the School of Social Work at the University of Minnesota.
Advocacy Begins at Home

A couple of months ago, I wrote a call to GSA members to become more actively involved in advocacy. It turns out that this message was issued not a moment too soon, considering the vociferous reformers who now reside (literally — it has been reported that more than 21 members of Congress bed down in their offices each night) in the halls of the U.S. House of Representatives. Reform should not be a dirty word — change can be good — but it must be accomplished with caution, deliberation, and a great deal of informed wisdom. You can help inform that wisdom.

As I pointed out previously, advocacy means being prepared, preemptive, and persistent. In this case, prepared involves finding out who your representative and senators are, knowing when they will be in their district office, learning what legislation they are pushing, and how they tend to vote on issues important to you. Preemptive means developing relationships with members of Congress and congressional staff before the floor vote on the bill about which you are concerned. It means promoting yourself as a resource and expert so that you will be used for issue analyses or invited to testify before a congressional committee, thereby educating and influencing many members, staffers, and journalists in one fell swoop. There’s no substitute for persistence. Persistence in the face of brusque schedulers, harried legislative aides, broken appointments, and changed venues will enable you to reach your goal of connecting with your member and creating that important relationship.

By the way, I would like to extend thanks to those 600 of you who responded to GSA’s recent e-mail advocacy request and sent letters to Congress opposing the proposed cuts to the National Institutes of Health budget. Let’s aim to triple that participation for the next call to action. Keep an eye out for e-mails from GSA with an “Action Alert” subject line.

Visiting Your Elected Representative in the Home Office

Connecting with your representative or senators in the district or home office is a great way to start or build upon the relationship. Most congressional staffers look to the district office for opinions, information on constituents’ problems, ideas for legislation, and local experts and resources that they can use to answer questions on regional or national issues. For example, if a member of Congress is asked to co-sponsor a piece of legislation on an aspect of diabetes care in the older minority population, s/he may place a call to the local geriatric education center to find out which interventions have proven effective. If a congressional hearing is being organized on a health, aging, or similar program or research topic that is in your field, you want that congressional office to call you to testify.

Most congressional websites offer links to make meeting requests easier. Never underestimate, however, the old-fashioned telephone call, especially after you have initiated contact by e-mail. Because of the busy and hectic schedule of members and their offices, it’s easy for requests to be put on the back burner. This is where persistence comes in! They say “the squeaky wheel (i.e., the constituent) gets the grease.”

Use the recess calendar below to determine when you want to schedule a meeting. Note that the Senate and House have different recess dates. The House differentiates between “constituent work weeks” and recesses.

**House 2011 Recess Schedule**

- May 16 to 20: Constituent Work Week
- June 6 to 10: Constituent Work Week
- June 27 to July 1: Constituent Work Week
- July 18 to 22: Constituent Work Week
- August 8 to September 2: August Recess
- September 26 to 30: Constituent Work Week
- October 17 to 21: Constituent Work Week
- November 7 to 10: Constituent Work Week
- November 21 to 25: Constituent Work Week
- December 8: Constituent Work Week

**Senate 2011 Recess Schedule**

- May 30 to June 5: Constituent Work Week
- July 4 to 10: Constituent Work Week
- August 8 to September 2: Constituent Work Week
- September 26 to 30: Constituent Work Week
- October 24 to 30: Constituent Work Week
- November 10: Target Adjournment

Be preemptive by calling now to set up your meeting with your member of Congress or district office staff. Prepare for the meeting by honing your message to a few points, such as what your research is about, what kinds of results you are achieving, and how your elected representative can serve the needs and interests of your clients and/or your profession. Be sure to return the favor by offering to supply the office with information, background materials, and support in other ways. Consider inviting the representative or senator to your university, lab, or place of business and offer a tour or an opportunity to speak at an event. Try to link the member’s interests and activities in Congress to your own. Ask the member to present an award on behalf of your organization at your event. Elected representatives love to be favorably featured in print!

...And Yet Another Budget Update

As I write this, Washington is regaining its footing after yet another potential government shutdown scare; President Barack Obama and Representative Paul Ryan (R-WI) are competing for the boldest approach to the nation’s deficit problems; and advocates are scrambling to ensure their programs do not fall victim to the congressional budget axe.
To avert the latest government shutdown on April 8, Obama, Senator Harry Reid (D-NV), and Speaker of the House John Boehner (R-OH) agreed to a one-week stopgap funding bill to keep the government funded for a week. This gave each chamber enough time to hammer out the legislative details of the broader spending agreement for fiscal year 2011. Next, the parties agreed to a spending package to fund the federal government at approximately $38.5 billion less than current funding levels. This $38.5 billion in cuts includes the $12 billion in cuts in the previous continuing resolutions. These funding reductions are the most severe reductions for a fiscal year budget in history — a message the Republicans are hoping will please the fiscally conservative base that elected them and gave them the majority in the House.

H.R. 1473 (Public Law 112-10), a document that translates the fiscal agreement into legislative language, passed the House and Senate and was signed by the president before the one-week spending resolution expired at midnight on April 15.

The new law requires a 0.2 percent reduction across the board for all non-defense spending. Overall, according to the House Appropriations Committee, the Departments of Labor, Health and Human Services, and Education will receive a funding reduction of $5.5 billion, or 3.36 percent below fiscal year 2010 levels. In a document accompanying the legislation, they provided recommendations for cuts within the agencies. Federal agencies will have 30 days to come up with a plan with their leaner accounts. Some of the cuts suggested by the Appropriations Committee are:

- Community Service Employment for Older Americans: -$375 million
- Community Health Care Centers: -$600 million
- Bureau of Health Professions: -$164 million
- Title X Family Planning: -$17 million
- Rural Health Programs: -$35 million
- Research on Health Costs Quality and Outcomes: -$78 million
- Community Block Grant Programs: -$43 million
- Administration on Aging: -$16 million
- Bureau of Health Professionals: -$164 million
- AmeriCorps: -$23 million

Once the agencies determine how they will reduce programs, those reductions will be in place until the end of the current fiscal year, September 30.

The fiscal year 2012 appropriations process began in February when President Obama released his $3.73 trillion budget proposal, and the appropriations committees have been holding hearings since then. In April, Ryan, chair of the House Budget Committee, released a budget resolution, which he called the “Path to Prosperity.” It was promptly passed on near party line votes by the Budget Committee and the full House. In his framework for the 2012 budget, he targeted Medicare, Medicaid, and the Patient Protection and Affordable Care Act, but largely ignored Social Security from his deficit reduction plans.

The Path to Prosperity

Ryan’s underlying Medicaid reform proposal is to convert federal funding for Medicaid to a block-grant system. This conversion

would significantly impact older adults and would place a heavy burden on states to finance services.

The Medicare program as we know it would end, and it would be replaced with a “premium support model.” Opponents of the proposal compare it to a voucher program, while Ryan and proponents say the program would be modeled after the health benefit program federal employees receive. The Congressional Budget Office estimated that most older adults would pay significantly more money out-of-pocket in a premium support model than under traditional Medicare.

The Debt Limit

Intermingled in the immediate spring budget discussions are the plans for what to do when the federal government hits the debt limit in early July. Under the law, Congress must approve any borrowing beyond that limit. The current legal cap is $14.294 trillion. U.S. Treasury Secretary Timothy Geithner said he believes the federal debt could hit that limit by July 8. When spending reaches that limit, Congress has two primary options: vote to raise the limit or default on loans. Obama has said we must not default on loans to other nations, so he must convince Congress to raise the debt limit. This conundrum gives deficit hawks an ideal bargaining chip: in return for a vote to favor the debt limit, Obama must significantly reduce the federal deficit or agree to a process to do so.

In preparation for another showdown in June, Obama released a proposal to reduce the federal deficit on April 13. The president’s vision for debt planning would reduce budget deficits by $4 trillion in the next 12 years. His framework is very similar to the recommendations of the bipartisan National Commission on Fiscal Responsibility and Reform.

Obama proposed a “debt failsafe” trigger, an idea also proposed by the fiscal commission, that would trigger across-the-board spending reductions if the projected ratio of debt-to-GDP is not stabilized and declining by 2014.

Obama is attempting to reduce the deficit by reducing spending and raising revenue. He pledged not to extend the Bush-era tax cuts when they expire in 2012. He reiterated his State-of-the-Union promise to update the tax code to eliminate loopholes and to level the field for the corporate tax code.

In order to turn his proposal into legislation, Obama is appointing a 16-member commission of congressional leaders. It is very likely that the senators on this legislative commission will include the same senators who for months have been involved in an informal group called the “Gang of Six.” The Gang of Six has been quietly drafting legislation based on the recommendations of the fiscal commission. The gang is led by Senator Mark Warner (D-VA) and Senator Saxby Chambliss (R-GA), and includes Senators Tom Coburn (R-OK), Mike Crapo (R-ID), Richard Durbin (D-IL), and Kent Conrad (D-ND). Regardless of who ends up serving on this commission, the president will require them to submit legislation by the end of June. Obama hopes a vote on this legislation will dovetail with the July debt-limit deadline.
China Extends Its Health Care Coverage

Eight million additional Chinese citizens will be covered by the country’s urban basic health insurance in 2011, according to a public statement from Ministry of Human Resources and Social Security. That will bring the total number of urban residents covered by health insurance to 440 million, or 90 percent of urban residents, from 432 million at the end of 2010. China’s health insurance scheme includes urban basic health insurance for urban dwellers and rural cooperative health insurance for rural residents. The announcement of this latest development of China’s health care reform was held as part of the nation’s ongoing annual parliament session.

Older Koreans Apprehensive About Depending on Their Children

A report from the Asia Pulse news service reports that nearly nine out of 10 baby boomers in Seoul do not wish to depend on their children for support in old age, according to a new survey conducted by the Seoul Development Institute. Only 11 percent of Seoul citizens aged between 45 and 54 years said they would like their children to take care of them in old age. That dependence rate was higher among older generations — at 18.6 percent for respondents aged 55 to 64 years and 28.1 percent for those aged 65 years or above. One half, or 50.2 percent, of the baby boomers said they would rely on themselves for a living, while only 41.9 percent of those aged 65 years or above said they would do the same. In case of a deterioration in health, 57.3 percent of the baby boomers said they would live on their own or with their spouses, while 21.7 percent chose nursing homes or hospitals, and 8.4 percent wished to live with their children. In the same situation, 13.9 percent of those between 55 and 64 years and 20.6 percent of those 65 years or older said they would opt to live with their children.

Israel To Expand Senior Public Housing

The Israeli cabinet has approved a new proposal to build 5,000 residential units for needy older people who are eligible for rent subsidies and who are waiting for public housing, according to a recent article in the Jerusalem Post. The proposal by Prime Minister Binyamin Netanyahu, Absorption Minister Sofa Landver, and Construction and Housing Minister Ariel Atias aims to address the housing plight among this population group. According to the decision, local councils and national bodies will be able to establish sheltered housing for seniors on land designated for public use. It was also determined that in order to allow councils to build the sheltered housing, they will also be able to establish businesses in these areas, the profits of which will be directed to financing the construction and maintenance of the housing.

New Zealand Seniors Return to Christchurch Following Earthquake

Radio New Zealand has reported that the Canterbury District Health Board plans to start moving older people back to Christchurch following the February earthquake, indicating that the process could take longer than a year. Some 500 seniors were moved out of the city because of damaged rest homes and other care facilities for the aged after the earthquake.

U.K Retirees Facing High Poverty Levels

The Scotsman has reported that a new study by the insurance company Prudential found that one in three residents of Scotland retiring this year will have a pension income below the poverty line. According to the Joseph Rowntree Foundation, a single Scottish person needs at least £14,400 a year on which to live in retirement. The study found, however, that a third of Scots who begin drawing their pension in 2011 will have retirement incomes below that level, up from 31 percent last year. The report also noted that Scots are less likely to experience pension poverty than retirees in several other areas of the U.K. In Wales, 42 percent of people retiring this year will do so with an income of less than £14,000, with 27 percent expecting an annual pension income of less than £10,000. The study also found that women are more likely to face pension poverty than men. A quarter of U.K. women retiring in 2011 will have less than £10,000 a year in pension income, compared with 12 percent of men, while 40 percent of women will have less than £14,400, compared with 30 percent of men.
Singapore’s First Gerontology Graduate Degree Program Launching Soon
Starting in July, SIM University will offer a Master of Gerontology degree — the first of its kind in Singapore. The multi-disciplinary program will allow individuals to seek specialized training and upgrade their skills and qualifications. Singapore is projected to have one in five residents over the age of 65 years by 2030. The master’s program is targeted at those with a background in areas such as psychology, social work, and nursing, but the university has stated that it is also suitable for those wanting to make a mid-career switch into the eldercare sector. Students can expect to take between one and a half to three years to earn the degree.

UCF Nursing Doctorate Gains Accreditation
The Commission on Collegiate Nursing Education has accredited the University of Central Florida (UCF) College of Nursing’s Doctor of Nursing Practice (DNP) program for five years — the maximum allowed for a new program. The commission granted the accreditation with “no issues or concerns,” the highest possible grade, until December 31, 2015. UCF is among the first in Florida to achieve accreditation of a DNP program. This track prepares advanced practice nurses as leaders in the care of vulnerable populations with an emphasis on organizational and systems leadership, information systems, technology and health care policy for advocacy in health care, and clinical prevention and population health for improving the nation’s health.

Arkansas Aging Facility Nears Completion
The University of Arkansas for Medical Sciences (UAMS) Donald W. Reynolds Institute on Aging recently celebrated the placement of the final beam of its four-story, $27.9 million expansion. The 55,000-square-foot addition is scheduled for completion in early 2012. It will give the institute eight floors and greatly expand its capacity for education and research programs. The Reynolds Institute on Aging is the only free-standing building in the U.S. dedicated to geriatric education, research, and clinical care. The expansion is expected to enhance the facility’s multidisciplinary research with participation from scientists across the UAMS campus. Each floor will have its own focus, with interdisciplinary research on the fifth floor; cardiovascular aging research and basic science on the sixth floor; translational research (integrating research into clinical trials) on the seventh floor; and the Arkansas Aging Initiative, community outreach, and administrative offices on the eighth floor. The construction project is funded by a $27.9 million Donald W. Reynolds Foundation gift announced in June 2009. In addition to funding the four new floors, the Reynolds Foundation also gave $2.5 million for a raised pedestrian walkway to connect the Institute on Aging with the Jackson T. Stephens Spine & Neurosciences Institute one block away.

Calgary Center To Support Research on Canadian Elders
The University of Calgary is creating an institute to address aging-related public policy issues. The new Brenda Strafford Foundation Centre on Aging will incorporate a number of university faculties such as medicine, kinesiology, and social work. It is supported by a $5-million donation from the Brenda Strafford Foundation. The goal is to improve the quality of life for Albertans over 65 through research and public policies.

Alzheimer’s Foundation Pioneers New Training Program at Hunter-Bellevue
The Alzheimer’s Foundation of America (AFA) has teamed up with the Hunter-Bellevue School of Nursing in New York to educate its students about the brain disorder and best practices in care. AFA’s training and membership division, Dementia Care Professionals of America (DCPA), recently provided a DVD-based program and class discussion at no cost to 160 undergraduate and graduate students. All of the students passed an exam and earned the status of AFA Qualified Dementia Care Provider. This marked the first time that DCPA provided on-site training to an entire class of nursing students — a model that it now hopes to expand to other schools across the country. AFA was able to offer the free, daylong training at Hunter-Bellevue as part of a grant awarded by the New York State Department of Health’s Division of Chronic Disease Prevention and Adult Health. The program provided information for the safe and effective care of individuals with Alzheimer’s disease and other types of dementia. It covered a basic understanding of dementia; management of activities of daily living such as bathing, dressing, and prevention of falls; management of behavioral problems, including aggression, nighttime wandering, and sexually inappropriate behavior; and principles of basic care.

Questions regarding the Desk Copy Program can be addressed to GSA Senior Director of Finance and Administration Christopher Yoder at cyoder@geron.org or 202-587-2825. Suggestions regarding other publications for use in the program can be sent to GSA Director of New Product Development Judie Lieu at jlieu@geron.org or 202-587-5869. She can also assist in creating custom course packs from articles appearing in GSA’s peer-reviewed journals.
New Guide Outlines Effective Psychological First Aid for Disasters

Natural disasters and technological catastrophes negatively and disproportionately affect older adults. Nursing home residents are at particular risk for experiencing adverse outcomes after disasters because of mental health problems or compromised physical health status. Because nursing home residents usually do not stay in public shelters and are evacuated to other facilities where they can receive needed skilled nursing care, residents typically do not have interaction with responders and relief workers who provide psychological first aid. To address this gap in care, the “Psychological First Aid Field Operations Guide for Nursing Homes,” funded by Psychology Beyond Borders, was developed for nursing home staff to use with residents. The “Psychological First Aid Field Operations Guide for Nursing Homes, Second Edition” is now available from the University of South Florida. The second edition, like the first, reflects a multidisciplinary approach to care. Changes made to the new edition broaden the scope of how, when, and where the intervention is applied. Three new sections have been added: palliative care and end-of-life issues; behavioral interventions for people with dementia; and use of psychological first aid to help older adults deal with significant life changes, events, or losses. To download a copy, visit amhd.cbsc.usf.edu/docs/PFA2ndEd_Final.pdf.

Canadian Team Issues Disaster Resource for Health Care Providers

Health care providers, teams, and organizations can help build disaster resilience in vulnerable populations across the four pillars of emergency management — preparedness, response, recovery, and mitigation/prevention — if they have the requisite knowledge, tools and resources. Psychologist Maggie Gibson, PhD, co-chair of the International Working Group on Seniors and Disasters: Health Care Providers and Continuity of Health Services (sponsored by the Public Health Agency of Canada Division of Aging and Seniors), recently led the development of a four-module e-learning resource titled “Frailty, Dementia and Disasters: What Health Providers Need to Know.” The objectives of this user-friendly training resource are to raise awareness of: the disproportionate vulnerability of older adults who are frail and those who have dementia in emergencies and disasters; the components of the emergency management cycle and how they apply to this population; best practice resources; and the role of health care organizations and providers in emergency management for older adults who are frail and those who have dementia. The e-learning resource (in both English and French) is available with open access at www.dementiaknowledgebroker.ca/emergency-management.

meet the staff

A regular feature that goes behind the scenes at GSA headquarters

Linda Krogh Harootyan

Linda Krogh Harootyan, MSW, is GSA’s deputy executive director and senior director for professional affairs. She is a native of Palos Verdes, CA, and received her master’s degree in social work from San Diego State University. Harootyan joined the GSA staff in June 1980. As part of her senior management role, she now oversees GSA’s policy activities and is responsible for the development of new products and services for the organization. She directs $20 million in multi-year grants from the John A. Hartford Foundation to strengthen an age-related focus in social work. She previously initiated and secured funding to launch a major initiative within the organization to address minority issues in aging and helped develop a five-year project funded by the Atlantic Philanthropies to promote the study of civic engagement.

Harootyan was a co-author of “The Common Stake: The Interdependence of Generations,” a publication that filled an important gap in the intergenerational debate. She co-wrote a chapter on “National Advocacy Groups for Older Adults” in the “Handbook of Social Work and Health and Aging” and co-edited “Social Work and Health Care in an Aging Society: Informing Education, Policy, Practice and Research.”

Harootyan currently serves on the National Advisory Board for the Building Academic Geriatric Nursing Capacity, the Council on Social Work Education Gero-Ed Center, and the Health and Aging Policy Fellows Program Advisory and Selection Board. Since 1980, she has acted as a representative to the Leadership Council of Aging Organizations, an influential Washington, DC-based coalition of fifty aging-focused organizations. In 2013, she will become chair of Friends of the National Institute on Aging, a coalition of organizations devoted to advancing health sciences research in the aging arena.
funding opportunities

NIA Grant To Continue Health and Retirement Study
The National Institute on Aging (NIA) has issued a limited competition funding opportunity announcement to continue the Health and Retirement Study (HRS) as the pre-eminent resource of publicly-available data for researchers, policy analysts, and program planners studying retirement, pensions, health insurance, savings and economic well-being. The goals of this next phase are to continue the steady-state longitudinal design for data collection and content; continue innovative sub-studies such as on consumption and time use; enhance content and methods on health, functioning, cognitive status, wealth, pensions, family structure, and psychosocial factors; continue to develop relevant linkages to administrative data; maintain and enhance data distribution and user support; and extend harmonization efforts with internationally comparable surveys of population aging. Eligible organizations must have significant experience as social science survey and research organizations; the infrastructure to design and conduct major national and longitudinal sample surveys in the social sciences; and access to the identifiable information about HRS panel members. Any individual with the skills, knowledge, and resources necessary to carry out the proposed research as the program director/principal investigator is invited to work with his/her organization to develop an application for support. The NIA intends to commit up to $11.5 million in direct costs in FY 2012 for one award. Applications are due June 10. For more information, visit grants.nih.gov/grants/guide/rfa-files/RFA-AG-12-001.html.

AoA/NIA Venture Seeks To Further Translation of Research into Practice
The U.S. Administration on Aging (AoA) and the National Institute on Aging (NIA) recently announced a joint initiative to support moving evidence-based research findings towards the development of new interventions, programs, policies, practices, and tools that can be used by community-based organizations to help elderly individuals remain healthy and independent, and living in their own homes and communities. Resulting from this initiative are two program announcements. Both focus on the translation of behavioral and social research in aging into the development of new interventions that can be used by community-based organizations that assist older individuals. The announcement for Translational Research to Help Older Adults Maintain their Health and Independence in the Community is available at grants.nih.gov/grants/guide/pa-files/PA-11-123.html; the announcement for Translational Research to Help Older Adults Maintain their Health and Independence in the Community is available at grants.nih.gov/grants/guide/pa-files/PA-11-124.html. Both have rolling application deadlines until May 2014.

Funds To Facilitate Use of Health Impact Assessment
The Health Impact Project: Advancing Smarter Policies for Healthier Communities, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, encourages the use of health impact assessment (HIA) to help decision-makers identify the potential health effects of proposed policies, projects and programs, and make recommendations that enhance their health benefits and minimize their adverse effects and associated costs. The partners have issued a call for proposals to demonstrate the effectiveness of HIAs and promote their incorporation into local, state, tribal and federal decision-making. The resulting grants will support organizations that wish to undertake an HIA of a proposed policy, project or program currently or soon to be under active consideration by a decision-making body. Up to eight demonstration projects will be awarded in this round of funding. Grants will range from $25,000 to $125,000 each and must be completed within 18 months. Eligible applicant organizations include state, tribal, or local agencies; tax-exempt educational institutions; or organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Applications are due June 1. Visit www.healthimpactproject.org for complete details.
ESPO Experts Weigh In on Early Career Challenges

What should I do to prepare for life after graduation?

As a student — whether undergraduate or graduate, campus or distance, traditional or non-traditional — there are questions that cross minds from one time to another. These questions often focus toward one’s future to find individual purpose in the field of gerontology. This month’s topic, focusing on several frequently asked questions, provides insight from members of the ESPO Newsletter Task Force.

What can I do as a junior scholar?

One definition of a junior scholar is a person who has done advanced study in a special field. I am several months away from completing my dissertation, but am answering this question from the perspective of a junior scholar who desires a career in higher education. There are various opportunities to junior scholars, yet it is often the responsibility of the scholar to seek out the opportunity an institution may have. I have been a faculty member at Virginia Commonwealth University (VCU) since January, and am teaching my first class, solo, this semester. Everyone has experienced both a class with a great teacher, and one that needed improvement. To prepare for teaching, I have taken advantage of VCU’s Preparing Future Faculty Program, which is made up of a series of short courses to develop professional expertise in teaching, research, and service, and to start learning to balance and integrate these responsibilities.

My dissertation chair often reminds me to focus on what is most important. It is much harder to juggle four balls (the dissertation, teaching, research, and service) than three. Yet, finding a balance of these responsibilities as a junior scholar serves as preparation for the future. Most universities offer structured mentoring programs for students seeking employment in higher education. As a junior scholar, I recommend taking advantage of this type of opportunity.

—Leland Waters

How do I handle those who question my competency?

An issue that we face as early career practitioners is clients questioning our competency. This situation could arise any time we work with clients notably different from ourselves in some way. There may also be a significant age difference between client and professional, as when early career professionals (many of our ESPO members) work with older adults. Some older clients are hesitant to see younger practitioners, often thinking, “I could be your grandparent. What could you have to teach me?” It may be pride, ignorance (a genuine lack of understanding), or the client’s own frustration at their need for services. Regardless, it is often difficult to hear a client doubt all of the time and effort you have spent preparing for your chosen profession. After all, you are there to help them!

In the 2009 book “Understanding Generalist Practice,” authors Karen Kirst-Ashman and Grafton Hull make several recommendations for such situations in social work, although the suggestions are helpful in many other areas of gerontology as well. First, the client’s discomfort may be best addressed immediately and professionally. These authors advise that if the statement is true, acknowledge its validity. It’s important to remember not to take the questions personally or become defensive. Instead, examine the issue in a straightforward and sensitive way — why is it an important question for the client? Consider highlighting your strengths as a professional, such as your training or specialization, which could benefit the client’s needs. Make the client aware that you’re looking forward to working with them to solve whatever their problem may be. Remaining professional and empathic

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What should I do to prepare for life after graduation?

It would be a simple statement to say, “Go get a job.” The process of doing so, however, can be difficult. While in an academic program, most time is spent sitting in front of a computer, reading books, and staying engaged in the classroom. Not much time is spent out in the field. So, graduating from a gerontology-focused program can be intimidating if one does not think they are ready to put their academic mind to work.

The 2004 workbook “Exploring Careers in Aging” by Linda Wiener is a great manual that provides instructions on how one can determine their career in aging. To begin, preparing for your new job in the field requires that you first know what it is you want to do. If you are not sure (because there are many occupations in the world that are in need of a mind that understands aging), then begin to narrow down your interests by answering the following questions:

- What types of problems do you most like to solve?
- What questions do you most like to help people find answers to?
- What knowledge do you most like to display to others?
- What are your favorite hobbies or interests?

Next, prioritize your key areas of interest for working with older adults. If you do not find a career that focuses on your key areas, there is a gap in the industry and you now have the opportunity to fill that gap through self-employment. The next step is to identify key job search partners that you know and those you plan to meet. Attending a conference is a great way to meet new partners! When you have made that contact (and have made an unforgettable great impression), the interview process occurs. Tailor your cover letter, resume, or C.V. to targeted positions and specific individuals. Ask the interviewer questions about the position, their company or institution, and what career development opportunities are available. This process is one that should start at the beginning of the school year in which you plan to graduate.

Remember, it is never too early to put together a job talk; it forces you to really think about the work you have completed during school and turn it into a great “story” you can tell others. Sometimes you may not realize how your work can fall under different domains of research, job, and career opportunities until you put your job talk together. Knowing this and how your future desires integrate ahead of time will position you to begin fulfilling your purpose sooner than later, after graduation.

—Candace Brown, Virginia Commonwealth University, and Sarah Stahl, West Virginia University

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What funding opportunities are out there?

Already planning on attending GSA’s next Annual Scientific Meeting? Why not try to get some of it paid for while simultaneously getting advice on how to write a competitive grant, make important connections, and bolster your C.V.? That’s what I did! Last year I had the privilege to attend the National Institute on Aging (NIA) Grants Technical Assistance Workshop: A Workshop for Minority & Emerging Scientists and Students Seeking Careers in Aging Research. This is an entire workshop devoted to helping students navigate NIA funding mechanisms. In addition, NIA staff dedicate ample time with attendees and their proposals. Travel and living expenses are covered. The workshop is held at the same venue as GSA’s meeting before the conference begins so there is minimal overlap. In past years, applications were due in August, so this gives students the summer to prepare their application. More information can be found on the NIA website (www.nia.nih.gov) under “News and Events!”

There are many opportunities available to graduate students throughout the academic year. However, the summer is a time of year that often gets little attention. Since becoming a PhD student at the University of Southern California, I have had the opportunity to attend a variety of funded summer programs. One summer program in particular is the RAND Summer Institute (RSI). The RSI is composed of two events, the Mini-Medical School, and the Demography, Economic, and Epidemiology of Aging conference. The Mini-Medical School is comprised of several lectures covering cutting-edge research on biomedical issues pertaining to aging. The RAND Mini-Medical School is sponsored by the NIA and the National Institutes of Health Office of Behavioral and Social Sciences Research. Following the Mini-Medical School is the Demography, Economic, and Epidemiology of Aging conference. This conference consists of lectures by leading researchers discussing relevant issues that face our aging population. Both events are designed to inform social science researchers who want a greater understanding of aging. When I attended the event, travel and living expenses were covered. However, the knowledge I gained from the RSI is priceless.

—Nicolas Pisca, University of Southern California