Fellowship Puts Reporters on Solid Footing as America Ages

The MetLife Foundation Journalists in Aging Fellowship Program — responsible for nearly 200 news stories by 48 alumni to date — will again generate media coverage during GSA’s Annual Scientific Meeting and beyond thanks to a grant renewal from the MetLife Foundation. GSA runs the program jointly with New America Media (NAM).

For the fourth consecutive year, it will bring a cadre of aging-focused reporters to GSA’s Annual Scientific Meeting who will be expected to deliver a story from the conference and a major piece or series in the following months.

“The quality and diversity of our fellows’ stories so far have been amazing,” said GSA Deputy Executive Director Linda Harootyan, MSW. “Without the support the fellowship provides, it would have been much more difficult for these reporters to gain the level of insight required to keep America adequately informed about the state of aging in this country.”

The program is co-directed by Harootyan and Paul Kleyman, the senior editor of NAM’s ethnic elders newbeat and national coordinator of the Journalists Network on Generations, a collaborator on this project since its inception.

Half of the invited participants will be chosen from ethnic media outlets that serve communities within the U.S. There will be a total of 17 fellows — including one reporter covering health and aging topics who will be designated as the John A. Hartford/MetLife Foundation Journalism in Aging & Health Fellow, thanks to additional funding support from The John A. Hartford Foundation.

Ten previous fellows also will receive funds to come to the meeting in New Orleans to cover the newest developments in the field of aging.

The U.S. Census Bureau predicts that one-fifth of the country’s population will be 65 and

Members’ Work Informs Federal Dialog

Two recent U.S. government agency requests for information have allowed GSA to showcase the expertise of its members and provide input on national policy.

In March, GSA submitted comments to the Food and Drug Administration (FDA) regarding the impact of approved drug labeling on chronic opioid therapy, and to the National Institute on Aging (NIA) about increasing enrollment in Alzheimer’s disease and related clinical trials and studies.

“I’m always impressed by the breadth and depth of the expertise that GSA’s members are able to contribute to helping inform policy development at the federal level,” said GSA Executive Director and CEO James Appleby, RPh, MPH. “Our multidisciplinary membership is uniquely positioned to provide meaningful input to the complex policy issues the country faces. This ultimately leads to improvements in the lives of aging Americans.”

The U.S. National Plan to Address Alzheimer’s Disease set a goal to “prevent and effectively treat Alzheimer’s disease by 2025.” One of the action steps to reach this target is “increasing enrollment in clinical trials and other clinical research through community, national, and international outreach,” and further calling for specific outreach regarding participation of racial and ethnic minorities in clinical trials. The NIA took the lead on this objective, and as an initial step issued a request for information seeking insights and specific ideas for enhancing recruitment and enrollment in Alzheimer’s disease and related clinical trials and studies.

GSA sought the leadership of its Alzheimer’s Disease Research Interest Group to coordinate soliciting member feedback to be sent to the NIA. The statement, now accessible online at www.geron.org/images/alzheimersresponse.pdf, was prepared with the assistance and review of
Gerontology’s Evolution Provides Context for New Challenges
By Laurence Z. Rubenstein, MD, MPH, FACP

At the Association for Gerontology in Higher Education’s recent annual meeting in Florida, there was an active discussion amongst the gerontology educators in attendance: should schools of gerontology be recruiting and training students primarily to further the science of gerontology, or to enable graduates to find jobs improving the care for and/or the lives of elders?

If the latter, should we be doing more to find out what potential employers want, or should we be trying to educate these employers about what elders need? Of course, the answer to all these questions is “yes.” These are not mutually exclusive alternatives, but rather complementary. Clearly all these goals are vitally important.

Gerontology has come a long way since the early days when I began as a young physician — out of fellowship in 1979 — employed to inaugurate a new model inpatient geriatric assessment unit at the UCLA Sepulveda VA Medical Center.

Then, relatively few people knew anything about gerontology or geriatric medicine; our job was to spread the word about what was needed to meet the growing needs of eldercare and to test new clinical models. It was in some ways fortunate that, at that time, eldercare had been little studied nor paid much attention to, which made it relatively easy to design new programs and then to show that they were effective in improving care process and outcomes.

There was much to improve in caring for older adults, and relatively straightforward ways to make things better — lots of low hanging fruit to pick. Nowadays the fruit is higher up, but there’s certainly a lot of it still there.

There are many areas in geriatrics still greatly in need of improvement, and many areas of healthcare that still urgently need our input. Likewise in other areas of gerontology — there is still a lot to study and work on. Some of these areas of study are immediately marketable in areas that may lead to employment, while others are less immediately practicable and prepare students primarily for further research in academic settings. The field of gerontology is broad, important, and continuing to grow by leaps and bounds.

We will explore what lies ahead during GSA’s Annual Scientific Meeting in New Orleans this November. (It’s taking place from November 20 to 24, if it’s not already on your calendar.) Our discussion will be framed by “Optimal Aging Through Research,” a theme that embodies GSA’s interdisciplinary core values. For nearly seven decades, our meetings have been filled with new information and follow-ups on previous research, projects, and innovations. We offer the best venue in the world to learn, to make contacts, and to explore possible career opportunities in aging.

I am confident the event in New Orleans will be our best meeting yet. For the third consecutive year, we received a record high number of abstract submissions, which is yet another confirmation that GSA is increasingly seen as the best place to share the newest and best aging-related research.

Stay tuned to next month’s Gerontology News, where we’ll have information about our keynote speaker and registration options. Abstract reviews are now underway and acceptance notifications will be sent later this summer.

I look forward to seeing all of you in New Orleans in November!
Yee-Melichar Speaks on Older Women, Healthy Aging

GSA Fellow Darlene Yee-Melichar, EdD, CHES, the coordinator of the Gerontology Program within the College of Health and Social Sciences at San Francisco State University, gave a presentation on “Older Women and Healthy Aging: Living Longer, Living Better” to Members of the Region IX Women’s Health Advisory Council on September 6, 2012, at the University of Hawaii Cancer Center. Region IX includes American Samoa, Arizona, California, Guam, Hawai’i, Marshall Islands, Micronesia, Nevada, Mariana Islands, and Palau. Yee-Melichar is a member of the Department of Health and Human Services’ Office on Women’s Health Minority Women’s Health Panel of Experts. She also presented a briefing on the topic of midlife women’s health to members of Congress on December 5, 2012.

Zarit Named Distinguished Professor

Pennsylvania State University has named GSA Fellow Steven H. Zarit, PhD, who heads the Department of Human Development and Family Studies, as a distinguished professor for his record of research, teaching and service. Zarit was one of the first researchers to study the effects on caregivers of family members with Alzheimer’s disease or dementia. His studies have indicated that it is possible to predict the onset of disability through the use of psychological measures, and he has developed clinical models that are aimed at improving health care and living conditions for older adults. He has published over 260 papers, chapters and books on these topics. Zarit was the 2009 recipient of GSA’s Distinguished Career Contribution to Gerontology Award.

Member Experts Attend Positive Aging Conference

Wendy Lustbader, MSW, gave the keynote address at the Sixth Annual International Conference on Positive Aging, which was hosted by Fielding Graduate University’s Institute for Social Innovation in February in Los Angeles. GSA Past President James E. Birren, PhD, also received Fielding’s Creative Longevity and Wisdom Award in recognition of his six decades of seminal contributions including the influential work on guided autobiography. Additionally, GSA Fellow Brian de Vries, PhD, was a featured speaker at the conference.

GSA Members Named Influential in the Field of Aging by AARP

Five out of AARP’s nine recently named “Influentials Who Are Changing Our Views on Aging” are GSA members: GSA Fellow Laura Carstensen, PhD, the founding director of Stanford’s Center on Longevity; GSA Fellow Joseph Coughlin, PhD, the director of the AgeLab at the Massachusetts Institute of Technology; Thomas Perls, MD, the director of the New England Centenarian Study; Past President John Rowe, MD, a professor in the Department of Health Policy and Management at the Columbia University Mailman School of Public Health; and Immediate Past President Nancy Whitelaw, PhD, the founding director of National Council on Aging’s Center for Healthy Aging.

Burr Named Editor-in-Chief of Research on Aging

GSA Fellow Jeffrey Burr, PhD, has been appointed as the new editor-in-chief of Research on Aging, an international journal from SAGE that publishes research on the critical issues that face today’s elderly population. In addition to his role as a professor of gerontology at the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston, Burr is also a fellow at the university’s Gerontology Institute, and a member of Sigma Phi Omega, the national gerontological honor society.
A Grand Strategy Toward a Grand Bargain

Baffled, angry, concerned, and surprised — this was the reaction of many in Congress to the President Barack Obama's FY 2014 budget proposal. The Sunday morning armchair quarterbacks, aka political pundits, are all talking about the proposal and the reactions. Anti-tax crusader Grover Norquist said that the President’s budget was so meaningless as to be “just for show.” House Speaker John Boehner (R-OH) said that it “deserved credit.” Progressives in the president’s own party denounced him for going back on campaign promises. Others are pleased that he eliminates the sequester cuts and takes a measured approach to balancing the budget.

The question is: is it a grand strategy to prepare for a grand bargain? Or, because of the dysfunctional nature of the Congress recently, is the budget just a futile exercise, DOA so to speak?

Progressive Protest

Obama created a firestorm of liberal fury with his proposed use of the chained Consumer Price Index (CPI) to determine cost-living-adjustments (COLAs) for federal programs such as Social Security. The chained CPI is an alternative way to measure inflation and it leads to lower COLAs and reduced Social Security benefits over time.

Senator Bernie Sanders (I-VT), a leader on both the Veterans Affairs Committee and the Primary Health and Aging subcommittee of the Health, Education, Labor, and Pensions Committee, protested with other left-wing activists in front of the White House on April 9. Sanders spoke out against what he sees as the president’s backsliding with other left-wing activists in front of the White House on April 9. Sanders spoke out against what he sees as the president’s backsliding on a promise not to cut Social Security.

“The White House tells us they want to defend the middle class — that’s their mantra. If you want to defend the middle class you don’t cut Social Security, you don’t cut Medicare, and you don’t cut benefits for disabled vets,” Sanders pointed out.

In addition to Sanders, the groups at the protest included MoveOn.org, the National Organization for Women, the National Committee to Preserve Social Security and Medicare, and the AFL-CIO. Other groups critical of Obama’s cuts in programs for older Americans include AARP, the National Council on Aging, the Medicare Rights Center, the National Senior Citizens Law Center, and the Alliance for Retired Americans.

The AARP released the results of a survey which found that “across the political spectrum, older Americans agree with AARP’s opposition to the chained CPI. In a national survey we released this week, fully 84 percent of voters 50+ oppose cutting Social Security benefits to reduce the deficit.”

The president proposes to protect the “most vulnerable” from the chained CPI’s cuts but details have not been revealed yet on how this will be accomplished.

Under the president’s budget, Medicare is cut by $370 billion, including a new home health copayment and increase in the Part B deductible. However, the proposal also includes savings in prescription drug costs (Part D) and accelerates closure of the “donut hole,” which currently leaves some older adults vulnerable to high out of pocket costs.

AARP released a statement that read, in part, “As retirement security grows ever more elusive for Americans of all ages, Medicare and Social Security have become increasingly important for today’s retirees and their kids and grandkids. AARP believes it is wrong for the president to try to balance the budget by weakening the programs that provide the very foundation of retirement security for current and future generations.”

Method Behind the Madness?

The savvy Washington insider knows that there may be a very good reason for the White House to promote/ provoke dismay and dissonance between him and liberal groups who usually support him. To get the Republicans in the House and the Senate to meet him halfway, Obama must show that he has given in and given up on certain sacred cows. What better way to do this than propose the chained CPI — an initiative that even the Republicans haven’t tried — which affects Social Security? And with the cuts to Medicare and low-income programs like the Low-Income Home Energy Assistance Program (LIHEAP) and the Senior Community Service Employment Program (SCSEP), doesn’t Obama look like a negotiator who is willing to incur wrath from his own side in order to meet the Republicans halfway?

Boehner said as much when he complimented Obama for the “incremental entitlement reforms” in his budget proposal. Representative Paul Ryan (R-WI) called the chained CPI suggestion “an olive branch.”

Obama comes off looking moderate and reasonable when his incremental changes are met with such controversy. On the other hand, Ryan, with his plans to “privatize” Medicare and “block grant” Medicaid, looks far more radical in the other direction by comparison.

Another strategy may be at work. By reducing program budgets but not eliminating them entirely, you are increasing their likelihood of survival in the current budget and in the future.

Budgets Galore

This year, the Congress has several budgets to consider. In addition to the one proposed by the president, there are also versions produced by the House and Senate. For the first time in four years, the Senate passed a budget. This may have been due to the “No Budget, No Pay Act” which stipulated a cut in congressional pay if each chamber of Congress did not pass a budget on time.

The House budget was introduced by the chair of the budget committee, Patty Murray (D-WA). It passed the senate by a vote of 50 to 49, with four Senate Democrats voting against their party’s bill: Mark Begich (D-AK), Mark Pryor (D-AR), Max Baucus (D-MT), and Kay Hagan (D-NC). All four of these senators are from states that often vote Republican. All four are also up for re-election in 2014.

The House budget, promoted by Ryan, also passed on basically a party line vote, with 10 defections. Following congressional procedure, these budget resolutions would have to be resolved in a conference committee, composed of both senators and representatives. The budget resolution is a blueprint for future appropriations and budget reconciliation. It does not become law so it is never signed by the president. It is highly unlikely that
these two very different budgets could be combined and re-worked to create an agreeable new fiscal blueprint. However, if such an exercise were successful, it would advance Congress a long way toward the next process: passing the appropriations bills that fund the agencies, programs, and offices of the federal government.

Recap: Budgeting by Default

This year, FY 2013, the government has been funded by a series of continuing resolutions that, for all intents and purposes, default to the funding levels enacted for FY 2012. There were a few tweaks here and there; for example, the veterans health care budget was adjusted. A full appropriations bill for the Departments of Labor, Health and Human Services, and Education was never finalized. Sequestration went into effect on March 1. Congress passed the Consolidated and Further Continuing Appropriations Act of 2013 (H.R. 933) to keep the government funded until September 30, the last day of the fiscal year.

FY 2014 Budget Highlights

There are several budgetary elements of interest percolating throughout Washington this year. By eliminating the sequester cuts in his budget, the president protects nutrition programs, caregiving supports, and other vital community based services provided under the Older Americans Act. However, he does cut LIHEAP and SCSEP. According to Senior Service America, this would result in 12,000 fewer jobs for low-income older adults and a loss of 6.5 million hours of community service worth $144 million.

The White House budget fully funds the Patient Protection and Affordable Care Act (PPACA), Obama’s signature piece of legislation. Implementation will continue full steam ahead. The Ryan budget eliminates it but the Senate bill supports it. The president’s budget protects Medicaid and promotes its expansion under the PPACA. The Ryan budget proposes to create a block grant for the Medicaid program, effectively ensuring that it will be sorely underfunded within the next 10 years. According to the Center on Budget and Policy Priorities, Ryan achieves 66 percent of his budget cuts from programs for people with low or moderate incomes.

National Institutes of Health

The National Institutes of Health (NIH) fares well in the Senate budget and in the President’s budget, all things considered. Under sequestration, the NIH suffers under a $1.6 billion cut with a potential loss of 1,000 new grants, and countless losses in terms of scientists and researchers looking elsewhere for safer job prospects, as well as slowed research in the pipeline. The Senate passed an amendment with its budget to create a deficit-neutral reserve fund for the NIH. The amendment was introduced on March 22 by Senators Dick Durbin (D-IL), Jerry Moran (R-KS), Barbara Mikulski (D-MD), and Ben Cardin (D-MD) and passed as part of S. Con. Res. 8 the next day.

The president’s budget adds $471 million for the NIH. The National Institute on Aging budget grows by $72.9 million. The budget continues to reflect the president’s support for research on and treatment of Alzheimer’s disease. It includes $80 million for research and $20 million for Alzheimer’s caregivers services, including respite care, case management, and training and support.

The National Science Foundation is another beneficiary of the president’s foresight, receiving a 7.3 percent increase over the FY 2012 level. The president appears to have the vision that research can provide answers to problems and challenges that cannot be fixed with more services.

Geriatric Education

The geriatric education funding under Health Resources Services Administration is very close to the FY 2012 enacted amount. The PPACA created a Prevention and Public Health Fund from which transfers are made to Geriatric Education Centers for the Alzheimer’s Fund.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Spending</td>
<td>$3.53 trillion. Keeps sequester cuts Repeals PPACA</td>
<td>$3.71 trillion Eliminates sequester cuts</td>
</tr>
<tr>
<td>Taxes</td>
<td>No new taxes</td>
<td>$975 billion in new taxes</td>
</tr>
<tr>
<td>Budget Deficit</td>
<td>Eliminated after 10 years Reduces deficit by $1.85 trillion in 10 years, but does not balance the budget</td>
<td>Reduces deficit by $1.8 trillion in 10 years, but does not balance the budget</td>
</tr>
<tr>
<td>Medicare</td>
<td>$129 billion cut; repeal of PPACA would eliminate closure of “donut hole”; new premium support voucher plan raises eligibility age to 67 in 2024.</td>
<td>$265 billion cut but caveat not to harm beneficiaries; eliminates sequester</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Replaces Medicaid with a block grant (projected $750 billion cut in 10 years); no expansion because repeal of PPACA</td>
<td>$10 billion cut but with caveat not to harm beneficiaries</td>
</tr>
<tr>
<td>Social Security</td>
<td>Calls on Congress and President to develop ways to shore up trust fund</td>
<td>No proposals</td>
</tr>
</tbody>
</table>
### President's FY 2014 Budget Request

**(amounts in millions)**

<table>
<thead>
<tr>
<th>National Institutes of Health</th>
<th>FY '12 Enacted Congressional Appropriations</th>
<th>President's FY '14 Proposed Budget</th>
<th>Change, FY '12 Actual To FY '14 Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Institutes of Health full budget</td>
<td>30,860</td>
<td>31,331</td>
<td>+471</td>
</tr>
<tr>
<td>National Institute on Aging</td>
<td>1,102.1</td>
<td>1,193</td>
<td>+72.9</td>
</tr>
<tr>
<td>National Institute on Nursing Research</td>
<td>145</td>
<td>148</td>
<td>+3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration for Community Living</th>
<th>FY '14 President's Change, Enacted Congressional Appropriations</th>
<th>FY '14 Proposed Budget</th>
<th>Change, FY '14 Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration for Community Living full budget</td>
<td>2,152</td>
<td>2,094</td>
<td>-58</td>
</tr>
<tr>
<td>Program Administration</td>
<td>29,558</td>
<td>30,035</td>
<td>+477</td>
</tr>
<tr>
<td>Home &amp; Community-Based Supportive Services</td>
<td>366.916</td>
<td>366.916</td>
<td>-</td>
</tr>
<tr>
<td>Preventive Health Services</td>
<td>20,944</td>
<td>20,944</td>
<td>-</td>
</tr>
<tr>
<td>Long-Term Care Ombudsman Program</td>
<td>16.761</td>
<td>16.761</td>
<td>-</td>
</tr>
<tr>
<td>Elder Abuse Prevention</td>
<td>5.036</td>
<td>5.036</td>
<td>-</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>6</td>
<td>8</td>
<td>+2</td>
</tr>
<tr>
<td>National Family Caregiver Support program</td>
<td>153.621</td>
<td>153.621</td>
<td>-</td>
</tr>
<tr>
<td>Native American Caregivers Support program</td>
<td>6.364</td>
<td>6.364</td>
<td>-</td>
</tr>
<tr>
<td>Congregate Meals</td>
<td>439.070</td>
<td>439.070</td>
<td>-</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>216.830</td>
<td>216.830</td>
<td>-</td>
</tr>
<tr>
<td>Nutrition Services Incentive Program</td>
<td>160.389</td>
<td>160.389</td>
<td>-</td>
</tr>
<tr>
<td>Native American Nutrition and Support Activities</td>
<td>27.601</td>
<td>27.601</td>
<td>-</td>
</tr>
<tr>
<td>Aging Network Support Activities</td>
<td>7.873</td>
<td>7.873</td>
<td>-</td>
</tr>
<tr>
<td>Alzheimer’s Disease Supportive Services Program</td>
<td>4.011</td>
<td>9.537</td>
<td>+5.526</td>
</tr>
<tr>
<td>Lifespan Respite Care</td>
<td>2.490</td>
<td>2.490</td>
<td>-</td>
</tr>
<tr>
<td>Aging and Disability Resource Centers (ADRC)</td>
<td>16.457</td>
<td>10</td>
<td>-6.4</td>
</tr>
<tr>
<td>Chronic Disease Self-Management Program</td>
<td>10</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Senior Medicare Patrol Program</td>
<td>9.402</td>
<td>9.402</td>
<td>-</td>
</tr>
<tr>
<td>Elder Rights Support Activities</td>
<td>4.088</td>
<td>4.088</td>
<td>-</td>
</tr>
<tr>
<td>Senior Community Service Employment Programs (SCSEP)</td>
<td>448.251</td>
<td>380.000</td>
<td>-68.0</td>
</tr>
<tr>
<td>State Health Insurance Assistance Program (SHIPS)</td>
<td>52.115</td>
<td>52.115</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Resources and Services Administration</th>
<th>FY '14 President's Change, Enacted Congressional Appropriations</th>
<th>FY '14 Proposed Budget</th>
<th>Change, FY '14 Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Resources and Services Administration full budget</td>
<td>8,159</td>
<td>9,000</td>
<td>+841</td>
</tr>
<tr>
<td>Health Professions (Title VII)</td>
<td>266.4</td>
<td>211.8</td>
<td>-55</td>
</tr>
<tr>
<td>Geriatric Education Centers</td>
<td>16,909</td>
<td>17,070</td>
<td>+0.17</td>
</tr>
<tr>
<td>Alzheimer’s Fund of the Patient Protection and Affordable Care Act’s Prevention and Public Health Fund</td>
<td>2.0</td>
<td>5.3</td>
<td>+3.3</td>
</tr>
<tr>
<td>Geriatric Training for Physicians, Dentists, and Behavioral Mental Health Professionals</td>
<td>8.293</td>
<td>8.293</td>
<td>-</td>
</tr>
<tr>
<td>Geriatric Academic Career Awards Program</td>
<td>5.425</td>
<td>5.265</td>
<td>-1.6</td>
</tr>
<tr>
<td>Geriatric Career Incentive Award</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Geriatric Education</td>
<td>4.485</td>
<td>4.485</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Centers for Medicare and Medicaid Services</th>
<th>FY '14 President's Change, Enacted Congressional Appropriations</th>
<th>FY '14 Proposed Budget</th>
<th>Change, FY '14 Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>472,017</td>
<td>522,130</td>
<td>+50,113</td>
</tr>
<tr>
<td>Medicaid</td>
<td>250,534</td>
<td>303,791</td>
<td>+53,257</td>
</tr>
<tr>
<td>State Grants and Demonstrations</td>
<td>477</td>
<td>749</td>
<td>-28</td>
</tr>
<tr>
<td>Center for Medicare and Medicaid Innovation</td>
<td>781</td>
<td>1,413</td>
<td>+632</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corporation for National and Community Service</th>
<th>FY '14 President's Change, Enacted Congressional Appropriations</th>
<th>FY '14 Proposed Budget</th>
<th>Change, FY '14 Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation for National and Community Service full budget</td>
<td>1,049.2</td>
<td>1,061</td>
<td>+12.2</td>
</tr>
<tr>
<td>AmeriCorps (including VISTA, NCCC, State and National)</td>
<td>471.05</td>
<td>470.5</td>
<td>-1.0</td>
</tr>
<tr>
<td>Senior Corps</td>
<td>207.491</td>
<td>207.491</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Administration</th>
<th>FY '14 President's Change, Enacted Congressional Appropriations</th>
<th>FY '14 Proposed Budget</th>
<th>Change, FY '14 Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discretionary spending (e.g., program administration and research and development)</td>
<td>11,678</td>
<td>12,457</td>
<td>+779</td>
</tr>
<tr>
<td>Mandatory outlays (i.e., benefit payments)</td>
<td>817,473</td>
<td>847,543</td>
<td>+30,070</td>
</tr>
</tbody>
</table>
Ready, Set, Go... Kicking Off Your Academic Job Search

Are you considering entering the academic job market? It's never too early to start preparation. Remember — you should start looking at least one year in advance of a position’s start date. In this column, we will offer you some resources and tips to get you started on the process. Next month’s column will focus on non-academic jobs and relevant resources.

Resources

Agework: www.agework.com • GSA hosts this online database specific to gerontology careers. Once you navigate to the job search engine, you can search by keyword, location, and job type. Relevant to the academic job search, you will find listings under the job type heading such as assistant professor, research, etc.

Association for Gerontology in Higher Education (AGHE): www.aghe.org • AGHE is GSA’s educational branch. Its website lists gerontology-specific academic positions within its “Resources” tab.

American Society on Aging (ASA): careers.asaging.org/jobseeker/search/ • ASA also sponsors a career search engine focused on the field of aging. You can filter your search using sub-categories such as job function, industry, and state. You can also use keywords. Try starting your search by selecting “academic” within “job function.”

Chronicle of Higher Education: chronicle.com/jobCategory/Faculty-research/1 • This news source is published every workday and offers access to thousands of academic job posting through its search engine. You will need to search by discipline. For example, once you arrive at the website above, you can choose to continue further by clicking on “health/medicine,” “science/technology/engineering,” “social/behavioral sciences,” or under “professional fields,” you will find “social work/human services.”

Academic Jobs Wiki at Wikia: academicjobs.wikia.com/wiki/Academic_Jobs_Wiki • This wiki (a collaborative website where content can be edited by its users) shows listings of academic jobs by discipline. Once you access this website, you will have to scroll quite a ways down to arrive at the listings, which are organized first by discipline and then by year (the most current application year is for 2012-2013) and by discipline. Disciplines available include biology, nursing, psychology, public health, social work, etc.

Professional Societies: Another way to find academic positions is to visit websites of professional associations that are specific to your discipline (e.g., the American Nurses Association). In addition to having job listings online, some of these organizations also sponsor job fairs or interviewing opportunities at conferences.

Individual Universities: You have the option to target specific universities by going to their “careers” link (other labels for such a link might be “human resources,” “jobs,” or “employment) or by going to a particular department’s webpage. Some universities offer diversity postdoc positions for minority students; you can usually find these by contacting university provost offices.

Personal Tips on Navigating the Job Market

By Linda S. Park, MSSW, MSMHR, doctoral candidate in human development and family studies at the University of Wisconsin-Madison

Organize

• Determine from whom you want letters of recommendation and talk to them as early as possible — you may want more than three depending on the type of position you seek.
• Check your job listing sources often and set up job alerts.
• Create a spreadsheet or system to organize job postings, deadlines, submission requirements, and your materials.
• Prepare your portfolio — teaching philosophy, research statement, CV, writing sample, cover letter, sample syllabi, teaching evaluations, transcripts, and business cards.
• Build a professional website, register with LinkedIn, and delete inappropriate materials on social media.
• Get feedback and proofread everything!

Cast your net wide

• Professors are a great resource, especially with their networks.
• Friends from other departments are another great resource.
• Request face-to-face meetings with potential contacts at conferences — this can result in screening interviews.

Your job talk

• Practice live; not in front of a mirror.
• Arrange practice job talks in your department and with friends.
• Seek feedback — language, style, speech, posture and body language.
• Memorize as much as possible to limit reading your notes or slides.

Publish papers

• Build your CV and portfolio — higher volume increases your odds for getting noticed.
• Remember the order of priority from the employer’s view — published, revised and resubmitted, submitted, in progress.
• Start as early as possible in generating your publishing record.

Psychological preparation

• Create a social support system — the wait, the rejections, the opportunities for initial telephone or SKYPE interview, and an invitation for a campus visit are stressful.
• Keep a positive perspective — the market is very competitive and the search is not just about a “qualified” candidate but also on whether the candidate is a “good fit” with the department (in terms of research agenda and personality).
• Insight — don’t think of yourself as a graduate student but as a professional.
Advertise with Us!

This newsletter reaches GSA’s 5,400 members both in print and online. Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging.

See the current rates at www.geron.org/advertising.

International Institute for Reminiscence and Life Review

9th Biennial International Reminiscence and Life Review Conference New Orleans, LA | November 18-19

Keynote Speaker: Perri Chinalai, Senior Coordinator, StoryCorps’ Legacy

UW-Superior, Center for Continuing Education

Preconference Workshops (11/18) will include:
- Reviewing the Lives of Our Past: The Interface of Reminiscence and Narrative William Randall, EdD
- An Experience Based Workshop: Strategies, Skills and Cautions Marvin Westwood, PhD & Martha Buchanan, PhD

Special Hotel Conference rates $129 + taxes at Harrah’s

For more information contact: Donna Silso Ph: 715-394-8170 Email: dsilso@weusuper.edu or visit our website at: http://www.ReminiscenceAndLifeReview.org

Assistant Professor
Department of Gerontology
University of Nebraska Omaha

The Department of Gerontology at the University of Nebraska Omaha (UNO) invites applications for a tenure track position to begin August 2013. The position is at the level of Assistant Professor; both new PhDs and advanced assistant professors will be considered.

About UNO’s Department of Gerontology

The Department of Gerontology is responsible for serving as the primary provider of gerontological education in the state of Nebraska. The Department is an institutional member of the Association for Gerontology in Higher Education. Educational programs include courses at the undergraduate and graduate levels, an undergraduate minor, a Master of Arts in Social Gerontology, and a joint doctoral degree program in Human Sciences with a specialization in gerontology with the University of Nebraska Lincoln. The Department offers courses on the Omaha and Lincoln campuses and online.

Qualifications:

- We seek candidates with demonstrated ability in teaching and a strong research agenda and publications in highly ranked journals.
- The candidate must also demonstrate an interest in working with doctoral students and a commitment to doctoral education.
- We are seeking a faculty member who can teach courses including Introduction to Gerontology, Psychology of Adult Development and Aging, and courses in research methods.
- Applicants must hold a PhD in Gerontology, Psychology, Human Development, or a related field.

To apply:

Go to UNO Human Resources website and submit the following items electronically:

- Letter of interest
- Curriculum vitae
- 3-5 year research agenda

Applicants must also arrange for three letters of recommendation to be sent directly to:

Julie Masters, PhD  
Department of Gerontology  
310 Nebraska Hall  
501 North 17th Street  
Lincoln NE 68588-0562  
Letters may also be sent via email to: jmasters@unomaha.edu

The University and the Department of Gerontology have a strong commitment to achieving diversity among faculty and staff. We are particularly interested in receiving applications from members of underrepresented groups and encourage women and racial/ethnic minorities to apply. For questions or concerns about this position, please contact the Department Chair, Julie Masters, 402-472-0754.

gero.unomaha.edu
new resources

Report Finds Family Caregivers Providing Complex Chronic Care
The AARP Public Policy Institute (PPI) and the United Hospital Fund (UHF) have released a new report that finds 46 percent of family caregivers perform medical and nursing tasks for care recipients with multiple chronic physical and cognitive conditions. The report, “Home Alone: Family Caregivers Providing Complex Chronic Care,” explores the complexity of tasks that caregivers provide and challenges the common perception of family caregiving as a set of personal care and household chores that most adults already do or can easily master. It is based on a national survey of 1,677 family caregivers who were asked about the medical and nursing tasks they perform. It is the first population-based survey to ask caregivers detailed questions about these tasks, including what they find difficult about performing them. There are more than 42 million unpaid family caregivers in the U.S., and of the 46 percent of family caregivers performing medical and nursing tasks, three out of four provided medication management — including administering IVs and injections — for a loved one. Further, more than a third of these caregivers providing medical and nursing tasks reported doing wound care. Other tasks included operating specialized medical equipment and monitors. Family caregivers are doing these difficult tasks largely on their own; two-thirds of the care recipients had no home visits by a health care professional. Even though family caregivers in the survey recognized the value and importance of these medical and nursing tasks to their family members’ health, 40 percent reported feeling stressed and worried about making a mistake. Moreover, a third said their own health was fair or poor. Because these tasks are becoming more and more prevalent in the lives of family caregivers, the report recommends actions such as encouraging health care professionals and providers to reassess the way they interact with caregivers, ensuring that caregivers are well trained and prepared to perform difficult tasks, revising how caregiving tasks are labeled and identified, and including family caregivers’ needs in the development of new models of care. The full PPI and UHF report is available at www.aarp.org/home-family/caregiving/info-10-2012/home-alone-family-caregivers-providing-complex-chronic-care.html.

Middle Class Retirement Security Analyzed
The Middle Class Security Project from the AARP Public Policy Institute is a major initiative that has focused on the well-being of America’s middle class and their prospects for a financially secure retirement. Several research papers resulting from the project can be found at www.aarp.org/security. Among them are “The Effects of Rising Health Care Costs on Middle Class Economic Security,” which found that middle class households have continued to be staggered by rising health care costs that have wide-ranging and negative direct and indirect effects; “In the Red: Older Americans and Credit Card Debt,” which looks at middle and low income use of credit cards, the high-interest “plastic safety net” that many Americans depend on to get through hard times; “Tracking the Decline: Middle Class Security in the 2000s,” which establishes a Middle Class Tracking Index for middle income Americans (aged 25 to 64) by establishing specific measurements that focus on factors such as financial assets, year-end household financial balances, health insurance coverage, income spent on housing, and household income as a percent of poverty; and “Building Lifetime Middle Class Security,” in which GSA Fellow Donald Redfoot, PhD, and members Susan Reinhard, PhD, and Debra Whitman, PhD, summarize the overall findings of the Middle Class Security Project and offer policy recommendations for health care, retirement income, and consumer issues.

NICHE Report Catalogs Initiatives
Nurses Improving Care for Healthsystem Elders (NICHE) has released a new hospitals report that identifies research and innovative initiatives related to function in older adult patients conducted at NICHE designated hospitals. “Hospitals Report – Function” can be downloaded at nicheprogram.org/niche_hospitals_report_series and is divided into two sections: research at NICHE hospitals and quality improvement projects at NICHE hospitals. The report addresses function-focused care research and nursing staff perceptions of physical function in older adult patients, including their beliefs about prevalence, risk factors, onset, effective interventions, and institutional barriers and facilitators to promoting physical function. Quality improvement projects include an out-of-bed/ambulation program that resulted in steady maintenance of patient activities of daily living with 95 percent maintaining their baseline function, and a NICHE hospital goal attainment scaling rounds pilot project. Subsequent reports will focus in-depth on heart failure, catheters, medication, delirium/dementia, transitions, orthopedics and operationalizing NICHE.

NQF Approves Two Nursing Home Quality Measures
The Board of the National Quality Forum (NQF), a nonprofit organization dedicated to improving the quality of health care nationwide, has approved two nursing home quality measures submitted by Dedicated to Long Term Care Medicine (formerly known as the American Medical Directors Association.) The measures, Persistent Indicators of Dementia without a Diagnosis–Long Stay and Persistent Indicators of Dementia without a Diagnosis–Short Stay, are designed to be used by facilities as standards to set goals and pursue performance improvement for persons with dementia. Dedicated to Long Term Care Medicine developed the two quality measures as part of its ongoing commitment to improving care for persons with dementia in nursing homes and to harmonize with existing Centers for Medicare & Medicaid Services (CMS) quality measures. Several elements of the CMS Minimum Data Set capture and incorporate important information about a patient’s symptoms, including mental status, depression, and delirium for the measures. To view the measures, go to www.qualityforum.org/QPS/QPSTool.aspx.
The School of Nursing at the University at Buffalo (UB) invites applications for the newly created Patricia H. and Richard E. Garman Professorship in Nursing. This is the first endowed professorship offered by the School of Nursing and will provide support for the scholarly activities of a regionally, nationally, or internationally recognized scholar with a program of research that complements the research activities in the School of Nursing. The successful candidate will be a scientist who currently has a funded program of research in one of the following areas: promoting health and reducing risk in psychiatric mental health/addictions, oncology, health services research, nursing workforce, aging, chronic health problems, or end-of-life.

Tenured/tenure track faculty opportunities are also available and we encourage applications from candidates with programs of research in the above mentioned research areas.

The University at Buffalo, a research-intensive, AAU-affiliated university, is the largest and most comprehensive unit of the State University of New York system. The School of Nursing is one of five health science schools in the University and offers degrees at the BS, MS, DNP and PhD level. The School is aggressively building its research enterprise, as well as growing and restructuring its stellar academic programming.

Nurse candidates must possess an earned doctorate in nursing or related field with a master’s in nursing. Non-nurse candidates must possess an earned doctorate. Registered nurse candidates must be eligible for licensure as a registered nurse in New York State. Nurse practitioner or certified registered nurse anesthetist candidates must have national certification to teach graduate clinical content.

If you have questions or would like to discuss the possibilities further contact Dr. Marsha L. Lewis, Dean and Professor at (716) 829-3221 or email UBNursingDean@buffalo.edu.

Web Site: http://nursing.buffalo.edu
Czechs Cautious About Sound Finances in Old Age
More than two-thirds of Czech citizens are reportedly afraid of a bad financial situation when they become old, according to a December poll of 1,047 people conducted by the Public Opinion Research Center within the Institute of Sociology of the Academy of Sciences. A March 8 article in the Daily Prague Monitor reported that nearly 81 percent of Czechs indicated that the state pension is insufficient, and only slightly more than half of those surveyed had some savings or investments of their own. Those that indicated they were “very afraid” of insufficient financial situations during their pension age increased by seven percent since 2010. However, those under the age of 20 years are less fearful than other age cohorts. The article indicated that those under the age of 30 years, who did not have elementary education, and had poor living standards as defined by the survey, were more likely to not contribute to their own saving plans.

Australia’s Medication Review Program May Be Suspended
The Pharmacy Guild of Australia has written to its federal government calling for a moratorium on the Home Medicines Review program, which pays pharmacists to check customers’ medications. The Pharmacy Guild suggests that the program has exploded through improper use, and that thousands of reviews completed each month were leading to a budget bust. A February 2 article in The Sydney Morning Herald indicated that nearly 190,000 hospital admissions in Australia are thought to be medication-related, often due to risky drugs, multiple medications, and medication interactions. In the article, the chief executive of the National Prescribing Service suggested auditing the program if it was being misused, rather than removing the benefit from older adults who rely on the program for safety. The guild suggested the suspension of this program because of the over expenditure of the Home Medicines Review program, and indicated concern that the continuation of the program as it is currently operating would lead to adverse effects on other programs and services.

Britain’s Older Adults are Feeling Isolated due to Transportation Cuts
Thousands of older British people are being unnecessarily socially excluded, a WRVS report recently warned as 342,000 individuals over 75 years old said they feel trapped in their own home through lack of suitable transport. WRVS is one of Britain’s leading age positive volunteering charities with more than 40,000 volunteers. The situation for many of these older adults has been reported to be exacerbated by recent cuts, with 14 percent of older people experiencing a reduction in public transport services and 10 percent indicating that they are unable to independently leave their homes less frequently due to the lack of access and assistance. The report highlights the vital role transport plays in the lives of older people, keeping them connected not only to local communities and services but also to family and friends, and that cuts to these services have had a devastating impact on older people’s sense of happiness and wellbeing. Being unable to get out and about because there is no suitable transport means that 9 percent of older people feel they have lost their independence, leading to feelings of loneliness (6 percent) and isolation (5 percent). Although free bus travel is available for older adults in Wales, Scotland, and England, the report found that 17 percent of those aged over 75 don’t use public transport because it isn’t suitable for their disabilities. WRVS is calling on public transport providers to consider the needs of older people who use their service by providing training for drivers to allow them to help and support older people who need assistance, and to consider the placement of bus stops when planning routes to ensure older people don’t have to walk long distances to reach local services. This is due to the report finding that 18 percent of older adults surveyed were unable to manage the walk to or from their nearest method of public transport.

European Union’s Court of Justice to Review Maltese Pension Policies
Malta has been referred to the European Union’s (EU) Court of Justice by the European Commission for their pension policy. According to an article published on March 21 in Malta Today, the reduction of Maltese pensions for older people if the beneficiary receives a pension from another member state is a practice that breaches the social security coordination rules of the European Union. The Commission indicated that all pensions, including civil or military service pensions, based on national legislation fall under the protection of the EU rules. The social security coordination rules do not allow national rules on reduction of old age pensions to be applied. The issue was raised to the European Court of Justice by the European Commission via petitions submitted to the European Parliament, and after requests for Malta to stop reducing civil service pensions from other Member States, the referral to the EU court was made.

Demographics May Slow Canada’s Housing Market
Less housing turnovers and fewer home sales are expected to occur in Canada’s housing market due to the country’s demographics, according to a report by Scotiabank Economics. As reported in the Toronto Star on March 18, Canada’s older population are healthier, wealthier, and living longer than prior generations and are more likely to own and live in their home longer than previous older populations. It is reported that over a period of five years, only 20 percent of homeowners over the age of 65 tend to move, which is approximately half the rate of the rest of the population. Once these individuals do move, they tend to be in retirement communities or rental properties. The slowing growth in the population is also expected to affect the housing market.
P. Brownell, Fordham University, New York, NY, USA; J.J. Kelly, Menlo College, Atherton, CA, USA (Eds.)

Ageism and Mistreatment of Older Workers

Current Reality, Future Solutions

- The first book to describe the human rights of older workers
- Describes elder mistreatment as a form of ageism in the workplace
- Provides a multi-disciplinary focus on ageism in the workplace

This book promotes an understanding of ageism, discrimination and mistreatment of older adult workers, incorporating an international human rights perspective. The impact of ageism on the mistreatment of older adult workers has not to date been examined in depth through the lens of international human rights instruments, nor has discrimination against older adults in the workplace been framed as a form of elder abuse for research and policy making purposes.

This book presents a multi-disciplinary exploration of these themes as they affect work and retirement of older adults. It reflects the view that older people who choose to work into old age should be able to do so in enabling work environments that promote dignity and are free of abuse.

The contributing authors come from many disciplines, including law, psychology, social work, business, and international affairs. Many are members of the International Network for the Prevention of Elder Abuse (INPEA), a non-governmental organization with consultative status at the United Nations, and have devoted their professional careers to increase awareness and understanding of elder abuse in order to prevent it. The editors hope that broadening the framework within which elder abuse in the workplace is understood will stimulate further research, policy and program development to address this troubling social problem.
NIH to Provide Support for Behavioral Research

A new funding opportunity announcement issued by the National Institutes of Health (NIH) Basic Behavioral & Social Science Opportunity Network (OppNet) invites applications for short-term mentored career enhancement awards in basic behavioral and social sciences research (b-BSSR). This funding mechanism will support development of research capability in b-BSSR, with specific emphasis on cross-training and establishing collaborations between researchers with expertise in animal models of basic behavioral and social processes and those studying similar or related processes in human subjects. Basic research using any non-human species or with human subjects in laboratory- or field-based settings is appropriate for this funding opportunity. Eligible candidates may be at any rank or level of research/academic development beyond three years of postdoctoral experience, and either scientists conducting b-BSSR in animal models who seek training in the study of similar or related behavioral or social processes in humans, or investigators conducting b-BSSR in human subjects who seek training in the study of similar or related processes in animal models. Candidates may be at any rank or level of research/academic development beyond three years of postdoctoral experience. OppNet intends to commit $1 million in FY 2014 to support an estimated 10 awards. Applications are due December 11. Additional information can be found at grants.nih.gov/grants/guide/rfa-files/RFA-DA-14-002.html.

NIA Dissertation Awards Announced

The National Institute on Aging (NIA), as part of its Health Disparities Strategic Plan, is offering dissertation awards to support individuals whose advancement in research will help ensure that a diverse pool of highly trained scientists is available in scientific disciplines relevant to the NIA’s strategic priorities. These include research on the basic biology of aging; on chronic, disabling, and degenerative diseases of aging (with a particular focus on Alzheimer’s disease); on multiple morbidities; on individual behavioral and social changes with aging; on caregiving; on longevity; and on the consequences for society of an aging population. The NIA provides funds for individuals from diverse backgrounds to conduct dissertation research on aging, with funds or support not readily or sufficiently available in National Research Service Award predoctoral programs, which limit support to stipends, tuition and fees, and institutional allowance. These awards are available to predoctoral students from backgrounds underrepresented in research who are enrolled in good standing in accredited research doctoral programs in the U.S. (including Puerto Rico and other U.S. territories or possessions). The NIA intends to fund up to five awards corresponding to a total of $250,000 to $300,000 in FY 2014. Future year amounts will depend on annual appropriations. The earliest submission date is May 16. Visit grants.nih.gov/grants/guide/pa-files/PAR-13-152.html for details.

NIA Offers Funding for ADRCs

The National Institute on Aging (NIA) invites applications from qualified institutions for support of Alzheimer’s Disease Research Centers (ADRCs). These centers are designed to support and conduct research on AD, to serve as shared research resources that will facilitate research in AD and related disorders, distinguish them from the processes of normal brain aging and mild cognitive impairment, provide a platform for training, collect biospecimens useful for clinical research, develop novel techniques and methodologies, and translate these research findings into better diagnostic, prevention, treatment and care strategies. The ADRCs provide a mechanism for fostering and coordinating the interdisciplinary cooperation of a group of established investigators conducting programs of research on AD and related dementing disorders of older people. The central focus may be translational research, clinical pathological research, basic research, or a combination thereof. Applicants are strongly encouraged to include efforts to address the needs of, and research on, ethnically and racially diverse people as well as other underserved populations. The due date for applications is June 11. Further information may be obtained at grants.nih.gov/grants/guide/rfa-files/RFA-AG-13-019.html.

Continued from page 1 - Fellowship Puts Reporters on Solid Footing as America Ages

Upon arrival in New Orleans, the fellows will participate in a day-long pre-conference session. GSA will showcase research highlights from the meeting and host discussions with veteran journalists on how to position aging stories in the current media environment.

The MetLife Foundation, the funder for this program, was created in 1976 by MetLife to continue its longstanding tradition of contributions and community involvement. Its goal is to empower people to lead healthy, productive lives and strengthen communities. The foundation typically makes grants related to the areas of health, education, civic affairs, and culture.

The current application and a continuously updated list of stories from the first three years’ fellows are available at www.geron.org/journalistfellows.
Taking Educational Quality to New Heights

AGHE’s 40th Annual Meeting & Educational Leadership Conference

February 27 – March 2, 2014
Westin Denver Downtown • Denver, Colorado

Call for Abstracts
Submission Deadline: June 20, 2013
Submit online at aghe.org/am
Continued from page 1 - Members' Work Informs Federal Dialog

Kritika Samsi, PhD, Jocelyn Shealy McGee, PhD, MSG, Heather L. Menne, PhD, and Jeffrey Kaye, MD.

The document not only described strategies that should be more widely adopted to enhance participation in Alzheimer's research among the diverse groups of people affected by the disease, but also the most effective role for government agencies and funders to support and facilitate coordination of Alzheimer's clinical trial recruitment efforts.

Samsi, who currently co-convenes the interest group with McGee, noted that the project brought benefit to both the NIA and the GSA membership.

“This initiative gave us the opportunity to get involved, by encouraging all interest group members to contribute their views about how they felt future study enrollment could be addressed at a national level,” she said. “I definitely feel that having a collective voice gives strength, meaning and depth to new initiatives such as this, and the wisdom from stalwarts in the field like the interest group will encourage policy leaders to sit up and take notice of how best to implement these initiatives.”

Samsi added that GSA members, by working together, were able to provide a unique perspective.

“The interest group is made up of an illustrious group of current, past, and future gerontologists working in the field of dementia, and come from a diverse range of countries, cultures, and backgrounds. Together, they bring with them their personal experience of conducting hundreds of studies between them — both qualitative and quantitative — as well as young researchers in the field keen to maximize resources for the future good of science,” she said.

Similarly, GSA’s comments regarding the use of opioids furthered the FDA’s proceedings by bringing attention to the unique needs of older adults in this context. This response coordinated by Mary Beth Morrissey, PhD, MPH, JD, Keela A. Herr, PhD, RN, AGSF, FAAN, and Thomas V. Caprio, MD, MPH, CMD, FACP, can be accessed online at www.geron.org/images/opiodresponse.pdf.

Over the past several years, the role of opioid drugs in treating chronic pain has been an increasingly common subject of public discussion. The FDA and other policymakers have been at the forefront of these debates, striving to find a balance between minimizing opioid drug abuse and misuse, while simultaneously enabling appropriate access to pain-relieving drugs.

“The comment letter serves to educate the regulators about issues specific to the older adult population and their more complex medical and pain care needs including symptom management and palliative care,” Morrissey said. “It is my hope that GSA’s response will at least give the regulators pause in the process of weighing future restrictions on access to opioids that may impose unreasonable burdens on older adults.”

She added that the primary goal of the letter was to frame the debate in terms of balance, weighing the need for an adequate and affordable drug supply for older Americans against perceived threats to public safety that may already be appropriately addressed through existing regulatory structures and systems at the state level.

And like Samsi, Morrissey said that working on this project through GSA afforded collaboration across the professions at a national level, calling it a “valued benefit of membership.”

“Interdisciplinary collaboration is key today in informing policy debates and advocating for important policy changes that impact older adults,” Morrissey said. “GSA provides access to a network of experts who can share their expertise in particular policy areas in the field of gerontology. This type of collaboration is critical to building capacity to serve older adults more effectively both regionally and nationally.”

Ithaca College’s Course Recognized Nationally

Assisted Living Today, a provider of senior care news and information, has named Ithaca College’s Fieldwork in Gerontology course one of the country’s top 20 college courses for geriatrics and senior care. The editorial staff based its decision on research conducted by Assisted Living Today as well as metrics from several educational resources.

Under professional supervision, students taking Fieldwork in Gerontology engage in work and direct service activities with elders. In addition, an integrated series of seminars provides students with the context to better understand the needs of the community-based elderly as well as the local, state and national resources needed to meet those needs. Offered through the Ithaca College Gerontology Institute, Fieldwork in Gerontology is part of Ithaca College’s Aging Studies major, an interdisciplinary program designed for students planning careers with America’s fastest growing population. GSA member Rhoda Meador, PhD, is the director of the Ithaca College Gerontology Institute. The college itself is an AGHE member institution.