James Appleby, RPh, MPH, became GSA’s seventh executive director on October 1, 2008. During a recent interview, he discussed his background, his leadership approach, and outlook for the future.

How has your career prepared you for your new role?

I come from a background of pharmacy and education. I’ve spent the last 18 years of my professional career in association management in various levels of responsibility and most recently served as chief operating officer at the American Pharmacists Association. In addition to my pharmacy degree, I’ve completed a master’s in public health, which I found extremely valuable — in not only understanding where pharmacy fits into health care, but understanding the broader context of health care in the United States. And I think this training has been very helpful to me professionally and positions me well to better understand and work with the diverse GSA membership.

I also have spent a number of years in academia and am very familiar with issues that faculty face in balancing scholarship and teaching as well as service to their institution. This experience helps me relate to the day-to-day challenges that many GSA members face.

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From the Executive Director

Listening, Learning, and Listening

By James Appleby, RPh, MPH

This issue of Gerontology News is reaching you as I spend my first days as GSA’s new executive director. Hopefully by now you’ve been able to learn a little bit about me from GSA Announcements and the interview on the front page of this issue.

I am honored to have been appointed by the Executive Committee and privileged to join the committed team at the Society’s Washington, DC, headquarters. The level of dedication I have witnessed from both parties is remarkable.

My role here is to lead the staff (who have given me a very warm welcome) to meet the needs of our 5,000 members. Together we will build upon the successful programs currently in place and develop new opportunities to expand GSA’s reach.

When I first met with GSA’s employees in August, I told them I would spend a great deal of time listening, learning, and listening. That’s not a typo — I want to emphasize my commitment to listening to members, leaders, staff, stakeholders, and others. In only one month, the Annual Scientific Meeting will provide the best possible venue to achieve that.

This conference will also showcase an aspect of GSA that has impressed me greatly — the power of its interdisciplinary nature. Not only do we foster diverse disciplines within the field of aging, but we bring them together to draw on each other’s strengths. Such a philosophy is the bedrock of our organization and enhances our membership unlike any other.

For 63 years, GSA’s mission has been to promote research, education, and practice in the field of aging. I will continue to fulfill that mission while ensuring your membership is one of value. I need your help to do this, because the Society will be strongest if we work together.

My listening, learning, and listening are very important now, but be assured they will be important in the future, too. Therefore, I will always welcome the chance to talk with any member. Please contact me at jappleby@geron.org or, better yet, introduce yourself at the Annual Scientific Meeting in National Harbor, MD.

James

Community Meeting – Continued from page 1

He will be joined by Kathleen Frankovic, PhD, director of surveys for CBS news; Judith Feder, PhD, Georgetown University public policy professor and a Virginia candidate for the U.S. House of Representatives; and former Clinton Administration health policy advisor Christopher Jennings of Jennings Policy Strategies.

The forum will provide an inside-the-beltway view of what America can expect from the new president and Congress. It will also frame Medicare, Medicaid, health care reform, long-term care, Social Security, and other aging issues.

This session, titled “Where Can We Go from Here?: What Public Opinion, Policy Analysis, and Politics Tells Us About the Next Congress,” is sponsored by the National Academy on an Aging Society and GSA’s Public Policy Committee. It will take place on Sunday, November 23, 2008, at 4:45 p.m. in Maryland Ballroom A and B at the Gaylord National Resort & Convention Center.
Lubben Chosen to Head BC’s Aging Institute
James Lubben, DSW, MPH, has been named director of the Institute on Aging at Boston College, where he also holds the Louise McMahon Ahearn Chair. He works closely with GSA as the principal investigator and national director of the Hartford Doctoral Fellows Program. He is additionally a professor emeritus at UCLA, where he was a former chair of the Department of Social Welfare. His research examines social support networks among older populations and he is the developer of the Lubben Social Network Scale, an abbreviated measure designed for both research and clinical use. The new Institute on Aging will build upon the contributions of existing university centers that primarily focus on older adults.

Wykle Earns NLN’s Lifetime Achievement Award
The National League for Nursing has bestowed its Isabel Hampton Robb Award for Lifetime Achievement to May Wykle, PhD, RN, FAAN. She is currently the dean of the Frances Payne Bolton School of Nursing at Case Western Reserve University. For more than two decades, she has also been director of the Case Western University Center on Aging and Health and has overseen one of the nation’s first certificate courses in gerontology. In 2007, Case Western established the May L. Wykle Endowed Professorship in honor of her outstanding career and remarkable contributions to knowledge development, leadership, and mentorship. A GSA fellow, Wykle is a previous recipient of the Society’s Doris Schwartz Gerontological Nursing Research Award.

Herd’s Grant To Bolster Low-Income Women
Pamela Herd, PhD, of the La Follette School of Public Affairs at the University of Wisconsin-Madison has won a $30,000 Rockefeller Foundation Innovation Award to Strengthen Social Security for Vulnerable Groups. She will use the award to develop a proposal to improve Social Security benefits for older low-income women who raised children. Selected by the National Academy of Social Insurance (NASI), Herd and 11 other recipients from across the United States will meet this fall to discuss their proposals. An advisory committee of NASI experts selected the 12 policy scholars after thorough review of a large number of proposals. Herd’s research examines the effects of Medicare and Social Security on gender, race, and class, and the relationship between socioeconomic status and health.

Waite Receives Prestigious NIH MERIT Award
Linda J. Waite, PhD, of the University of Chicago has become the recipient of a National Institutes of Health (NIH) MERIT (Method to Extend Research in Time) Award. These awards are among the most selective research grants given by the NIH, with less than five percent of NIH-funded investigators selected as recipients. They provide long-term support to outstanding, experienced investigators. The awards recognize researchers who have demonstrated superior competence and outstanding productivity in research endeavors of special importance or promise. Waite’s recent work on biomarkers and pharmaceutical data on population-based aging research has yielded groundbreaking knowledge about the sexual behavior and social networks of older Americans.
September Brought Civic Engagement to Everyone’s Attention

Whether you were at the White House, on Capitol Hill, or in New York City, September was a great month for those dedicated to providing older Americans with greater opportunities to use their lifetime of experience and skills to help us strengthen our communities, nation, and world.

President Bush hosted a reception on the South Lawn of the White House to promote the accomplishments of the USA Freedom Corps and to release a report titled “Answering the Call to Service,” which chronicles the acts of millions of individuals who have stepped up to serve their neighbors and those in need as a response to the September 11, 2001 attacks on the United States. (The report is available at: www.usafreedomcorps.gov/media/pdf/09_0908_usafc_report.pdf). At the event, the president honored the work of America’s volunteers and repeated his call for Americans to devote at least 4,000 hours or two years of service to our nation over their lifetimes.

In New York, the ServiceNation Summit gathered more than 700 leaders of all ages and from every sector — civic, corporate, and political — of American society to celebrate the power and potential of service, and to lay out a bold policy blueprint for addressing challenges facing our society through expanded opportunities for community and national service. Speaking at the Summit, Senators John McCain (R-AZ) and Barack Obama (D-IL) shared their views on service and civic engagement and committed to signing into law major expansions for the nation’s service programs if they are elected president.

At the summit, the ServiceNation coalition (more than 100 national organizations that reach 100 million Americans) released a policy document outlining the future steps that should be taken to involve everyone in society in service. The coalition’s ten-point policy agenda, “Strategies for Becoming a Nation of Service,” is ambitious and taps into the energy and experience of all Americans, from elementary through college students, corporate and non-profit experts, to senior citizens. It suggests numerous incentives for volunteer service and civic engagement. For example, a Summer of Service is envisioned for 12 to 16 year olds as a civic “rite of passage,” with eligibility for an education award of $500. A new “Serve America Corps,” borrowing the “Uncle Sam Wants You” motif, would attract adults to serve in various ways, including an education corps, a disaster and relief reserve corps, and a green/clean energy corps, with education awards for the completion of part-time or full-time terms of service. For older adults, the strategies include expanding Senior Corps programs, and establishing a “50+ Corps” to engage people who have finished their midlife careers in service to help solve social problems as mentors, health aides, tutors, volunteer coordinators, English language instructors, trainers, and National Park volunteers. (ServiceNation’s policy agenda is available at: http://bethethechangeinc.org/servicenation/about_us/policy).

Back in our nation’s capital, members of the U.S. Senate laid out their visions for a country where service to those in need here and abroad would become a part of our everyday lives. Senators Edward Kennedy (D-MA) and Orrin Hatch (R-UT) introduced their bill, the Serve America Act (S. 3487), designed to create more civic engagement opportunities for students, working adults, and retirees. Senators Hillary Clinton (D-NY), Christopher Dodd (D-CT), McCain, and Obama are all original cosponsors of the legislation.

Building on the success of existing national service programs like AmeriCorps, the Serve America Act would recruit Americans of all ages to help tackle a wide range of national challenges, such as strengthening schools, improving health care for low-income communities, cleaning up parks, and aiding efforts to boost energy efficiency. The legislation would also expand the volunteer pool by establishing a “Volunteer Generation Fund” that would match, dollar for dollar, money provided by private sources to help nonprofit, faith-based, and civic groups recruit, train, and manage more volunteers. The bill also includes a new concept to attract highly qualified people over age 50 to make a large commitment to work in the nonprofit or public sector. It would establish an “Encore Fellows” program (described below). The new programs would cost $5 billion over five years — costs expected to be offset by cuts in other areas or new revenue from other sources.

Another proposal which demonstrates the renewed focus on national service is the Encore Service Act (S. 3480), introduced by Senator Dodd. The bill includes several programs similar to the Kennedy/Hatch bill, and creates several new programs to encourage volunteer service by older Americans. It would also expand the capacity of current volunteer programs for older Americans by raising the authorization levels for the Foster Grandparent, Senior Companions, and RSVP Programs, and by raising program eligibility levels from 125% to 200% above poverty. The Act also modifies the age eligibility so all programs are open to individuals 55 years and older.

The new programs the Encore Service Act creates are:

• The Encore Service Program: for older Americans (55 and over) to serve high-need communities in return for a stipend and education award. Education awards may be transferred to children, grandchildren, or other designees.

• The Encore Fellows Program: for older Americans (55 and over) to serve in one-year management or leadership positions in public or private not-for-profits. The program aims to increase the capacity of public service organizations and to encourage later-life transitions into community and public service among professionals who have completed mid-life careers. (Note: this is similar to a Kennedy/Hatch provision).
• The Silver Scholars program: awards older Americans with education scholarships of up to $1,000 in exchange for volunteering with public agencies or private nonprofits between 250-500 hours per year. Education awards may be transferred to children, grandchildren, or other designees. The Senate has been slower than the House to act on service reauthorization this Congress and it’s too late in the session to expect any action on these bills. A recent conversation I had with Representative Carolyn McCarthy (D-NY), who chairs the Subcommittee on Healthy Families and Communities of the House Education and Labor Committee and had worked diligently to pass the GIVE Act (Generations Invigorating Volunteerism and Education Act, H.R. 5366) this year, verified our earlier fears that the House is not likely to move forward on service legislation this year. (You may recall from one of my previous columns that the bill was held up as a result of delaying tactics from an unrelated surveillance bill issue).

Now that the Senate has laid out its focus, it will be interesting to see how the GIVE Act is redrafted for the next Congress. It is certainly possible that the House and Senate would include some of each other’s provisions to help move the bills along more quickly next spring, particularly if the Congress and the new president want a relatively easy victory early in 2009.

Many advocates for service were in DC in September visiting their members of Congress during the Voices for National Service Capitol Hill Day on September 24-25. Representatives of the national service field, including alumni, program staff, service partners, and corporate sponsors, visited with Hill offices to discuss the federal investment in AmeriCorps, Learn and Serve America, and Senior Corps. The group brought evidence of the programs’ performance and impact from across the nation.

To read more about the events discussed above, see the special September issue of GSA’s “Civic Engagement in an Older America” E-Newsletter, available at www.agingso ciety.org.

Finally, GSA will build on the momentum of these initiatives by sponsoring an important November 25 Capitol Hill briefing on the subject of civic engagement in an older America. The event will serve as the closing session for this year’s Annual Scientific Meeting. See www.agingconference.com for further details.

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**Substance Abuse Awards Available**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is soliciting applications for cooperative agreements to implement SAMHSA’s Strategic Prevention Framework. The initiative uses a public health approach built on a community-based risk and protective framework for prevention. The objective of the program is to prevent the onset and reduce the progression of substance abuse, reduce substance abuse-related problems in communities, and build prevention capacity and infrastructure at the state and community levels. Annual awards are expected to be $2.3 million or less per year. Applications are due Nov. 7. Complete details are available at www.samhsa.gov/Grants/2009/sp_09_001.aspx.

**NINR Monies To Establish Research Infrastructure**

The National Institute of Nursing Research (NINR) is inviting applications to establish exploratory/developmental centers for symptom management or exploratory/developmental centers for health promotion/disease prevention. The purpose of the proposed grant program is to plan and develop sustainable interdisciplinary, biobehavioral research capacity for scientists conducting symptom management research or health promotion/disease prevention research. The grants will enable development of research infrastructure and centralized resources in support of these research programs. Letters of intent are due by November 15, 2008. See http://grants.nih.gov/grants/guide/rfa-files/RFA-NR-09-001.html for complete details.

**RWJF’s Two-Year Program To Train Policy Experts**

The Robert Wood Johnson Foundation Scholars in Health Policy Research program helps to develop a new generation of creative health policy thinkers and researchers within the disciplines of economics, political science and sociology. Each year the program selects up to 12 highly qualified individuals for two-year fellowships at one of three nationally prominent universities with the expectation that they will make important research contributions to future United States health policy. Up to 12 fellowships will be awarded in this grant cycle and scholars will receive stipends from their university of $86,000 for year one and $89,000 for year two. The following criteria will be considered in the application review process: the applicant’s potential to contribute creatively as a social scientist to future U.S. health policy thinking—either by identifying emerging health policy issues and problems or by bringing new insight to the examination and analysis of existing issues and problems; the applicant’s commitment to a career consistent with the program’s purpose and goals; the quality of the applicant’s past research, including dissertation research; the capability of the applicant to undertake this challenging program; and recommendations by faculty and other individuals with whom the applicant has studied or worked. The deadline for applications is October 22, 2008. Full details are available at www.healthpolicy scholars.org.
Experts Establish Baseline for Civic Engagement Among Retirees

The rise of retired people seeking active participation in their communities has led researchers to define this new aspect of American life. As a result, civic engagement can now be considered a distinct retirement role, according to an article in the latest issue of The Gerontologist (Volume 48, Number 3).

The authors identify civic engagement as volunteerism and paid work — done for at least one day per week — that directly impact the local community. They also argue that a more precise meaning of civic engagement is important to policy makers and program administrators. This study found that engaged retirees differ significantly from those who volunteer less, work in non-civic roles, or do neither.

Additionally, a concrete definition of civic engagement allows researchers to effectively and consistently study its effects. The article identifies the need for persuasive media campaigns, opportunities for engaged older adults to earn non-cash benefits, and stronger initiatives to allow all retirees to access this role, regardless of level of education, health status, socioeconomic status, and other characteristics.

The article was written by Brian Kaskie, PhD, who collaborated with a team of University of Iowa researchers including Sara Imhof, PhD, Joseph Cavanaugh, PhD, and Kennith Culp, PhD.

“I am hopeful that other researchers can now put our concept of civic engagement under a scientific microscope, and funding agencies can make better distinctions between those who pursue to provide older adults civic engagement opportunities and those that actually do,” Kaskie said.

This investigation encompassed a survey of nearly 700 retirees. The findings showed that 18 percent of respondents volunteered for more than five hours per week and that 6.3 percent held paid positions that were classified as civically engaged. The results also indicated that the non-engaged older adults tended to be less educated, less financially secure, and less healthy than their engaged counterparts.

Public attention directed toward the civic engagement of aging Americans has increased considerably over the past five years. It was a featured topic at the 2005 White House Conference on Aging and several national organizations now devote significant resources to the study of civic engagement.

The Gerontological Society of America made the subject a programmatic priority in 2004; the National Council on Aging and the American Society on Aging followed suit two years later.

Most recently, the 2006 reauthorization of the Older Americans Act provided new authority to the Administration on Aging to develop and implement programs that facilitate the civic engagement of older citizens.

Several researchers have linked civic engagement with healthy, successful aging and have suggested that persons who continue to work, find a second career, volunteer, or become involved in local affairs maintain better physical and mental health as they grow older.

This project was supported by an Iowa Workforce Development contract awarded to the University of Iowa Center on Aging.

“I think older adults will find our work useful in that we suggest civic engagement … is something different from just working as a way to supplement retirement income and just volunteering once in a while,” Kaskie said. “We have suggested that civic engagement means something more, and this may be attractive to retired persons who want to do something more.”

Research Finds America’s Elderly Suffering Abuse

A new study concludes that nearly 13 percent of America’s aged citizens suffer some form of abuse. Specifically, nine percent of adults reported they have suffered from verbal mistreatment, 3.5 percent suffer financial mistreatment, and 0.2 percent suffer physical mistreatment. The data were reported in the latest issue of The Journal of Gerontology: Social Sciences (Volume 63B, Number 4).

This research was conducted by the team of Edward O. Laumann, PhD, Sara Leitsch, PhD, and Linda Waite, PhD, at the University of Chicago. The findings were based on the National Social Life, Health and Aging Project, which conducted interviews with over 3,000 community-dwelling residents aged 57 to 85.

“Physicians need to be on the lookout, because victims of abuse are more likely to die — not necessarily at the hands of their oppressors, but as a result of stress.” Waite said. “The most serious case, physical abuse, fortunately had the lowest numbers.” She added that her colleagues were surprised to find the incidents of physical abuse among the elderly were much lower than those of domestic or child abuse.

Older adults who are physically impaired are particularly susceptible to abuse. This demographic is 13 percent more likely to experience verbal mistreatment than those without similar handicaps — although there was no evidence to suggest they suffer greater financial mistreatment.

The Chicago researchers also found that females were nearly twice as likely to report verbal mistreatment, but no higher level of financial mistreatment, than men; Latinos were about half as likely as whites to report verbal mistreatment and 78 percent less likely to report financial mistreatment; and blacks were 77 percent more likely to report financial mistreatment than whites.

Most elders reported that the mistreatment was perpetrated by someone other than a member of their immediate family. Of those who reported verbal mistreatment, 26 percent identified their spouse or romantic partner as the person responsible; 15 percent said their child verbally mistreated them; and 57 percent said that the mistreating party was someone other than a spouse, parent, or child.

A total of 56 percent of those who reported financial mistreatment said that someone other than a member of their immediate family was responsible. Of family members, children were mentioned most often and spouses rarely. Ex-spouses, in-laws, and siblings were all identified by some respondents as those responsible for mistreatment.
AJN Releases Latest in ‘Try This’ Series
The American Journal of Nursing (AJN) has announced the newest entries in its “How To Try This” series. To read or view the articles and videos featured this month, go to www.NursingCenter.com/AJNolderadults. “How to Try This” is a collaborative project of the Hartford Institute for Geriatric Nursing at NYU’s College of Nursing and the American Journal of Nursing. Topics from the series will be made available each month through December 2008 in free web-based resources, including demonstration videos and companion articles in the AJN.

Assessment of Sexual Health in Older Adults
By Meredith A. Wallace, PhD, APRN
Sexuality is a continuing human concern, regardless of a person’s age. Even as normal and pathologic changes affect their sexual health, older adults have an ongoing interest in sexual activity, which holds many benefits for them. Nurses have a role in assessing sexual health and in developing plans for managing sexual problems. Watch a free video demonstrating the best practices for assessing sexual health in older adults at http://links.lww.com/A276. This video includes a sexuality assessment using the PLISSIT model, and demonstrates how to introduce the topic and conduct the brief interview process.

The Edinburgh Feeding Evaluation in Dementia Scale
By Ruth Stockdell, MSN, RN, FNP-BC, and Elaine J. Amella, PhD, GNP-BC, FAAN
The Edinburgh Feeding Evaluation in Dementia scale is an 11-item instrument developed to assess eating and feeding problems in people with late-stage dementia. By looking for certain behaviors — spilling food while eating or turning the head when prompted to eat, for example — a nurse can predict a patient’s needs and build an effective care plan. The scale takes as little as five minutes to complete. Watch an online video demonstrating the use of the scale at http://links.lww.com/A281. Through patient observation and information obtained using the EdFED tool, nurses find unique opportunities to address nutritional needs and reduce caregiver anxiety over feeding problems. This video is divided into two chapters: assessment, interpretation and care plan development; and expert interview on the topic.

The Hospital Admission Risk Profile
By Carla L. Graf, MS, RN, CNS-BC
Older adults are at risk for losing functional ability during and after a hospitalization. It’s often difficult to determine which patients are at highest risk and which might benefit from targeted interventions. The Hospital Admission Risk Profile, a simple screening tool, can be used to classify hospitalized older adults as being at low, intermediate, or high risk for losing the ability to perform activities of daily living, based on assessments of age, cognitive function, and the ability to perform independent activities of daily living. It’s one of many tools profiled in Try This: Best Practices in Nursing Care to

Older Adults, a series provided by the Hartford Institute for Geriatric Nursing at New York University's College of Nursing. For a free online video demonstrating the use of this tool, go to http://links.lww.com/A286. This 30-minute video is chaptered to meet viewer priorities. In order to prevent long-term institutionalization of an older adult at risk for significant functional decline secondary to pneumonia and hospitalization, an interdisciplinary team crafts a plan to address her risk factors and bring a wide range of resources to prevent further decline and to maximize her chance of returning home. The care plan is organized around results of the HARP assessment done at admission.

Report Examines Retiree Preparedness
A new issue brief from the Center for Retirement Research titled “Do Households Have a Good Sense of Their Retirement Preparedness?” examines whether households have a good sense of their financial retirement preparedness. Using the National Retirement Risk Index (NRRRI), this brief answers two questions: what percentage of households will be at risk of being unable to maintain their standard of living in retirement? And do households have a good sense of their own retirement preparedness? In other words, do households “at risk” know that they are “at risk?” The final section of this brief includes health care costs in the analysis. Visit http://crr.bc.edu/briefs_5.html to view the report in full.

Boomers’ Economic Impact Explored
A new report from the McKinsey Global Institute calculates the economic impact of the aging of the Baby Boom generation. Specifically, the report studies the saving habits of the Baby Boom generation, their expected spending habits in retirement, and the overall impact these factors will have on the U.S. economy. The report concludes with proposals to ensure that this impact will be positive. For more information, visit www.mckinsey.com/mgi/publications/Impact_Aging_Baby_Boomers/index.asp.

Interactive Map Identifies States’ Health Care Strategies
The Center for Health Care Strategies (CHCS), a nonprofit health policy resource center, has created an interactive U.S. map that provides state-by-state information on initiatives to improve health care quality, efficiency, accessibility, and policy. The tool identifies how agencies, health plans, and other organizations within each state are participating in CHCS initiatives to improve health care policy and practice. Related case studies, publications and technical tools are available as well. See www.chcs.org/info-url5239/info-url.htm for complete details.

New Guideline Details Wandering
The Research Translation and Dissemination Core, a grant-funded not-for-profit organization in the University of Iowa’s College of Nursing, recently updated one of its evidence-based guidelines for caregivers dealing with geriatric wandering. For complete details, visit www.nursing.uiowa.edu/products_services/evidence_based.htm.
We are fast approaching GSA's Annual Scientific Meeting. This conference is an opportunity and a challenge. It is an opportunity to see and be seen; to know and be known; to excel; to be recognized; and to discover. It is a challenge for these same reasons. We bring the skills and personal attributes we have been cultivating and developing in the past year to an event rich with possibilities to build our careers as scholars and professionals in gerontology.

This large annual conference is both exciting and daunting. The papers and posters, plenaries and presentations are so much (and often too much) to take in. ESPO understands this overwhelming abundance and will be responsive and available to you, the membership, throughout the conference. The Executive Committee and Planning Task Force will be in plain sight for the entire conference, wearing large, noticeable buttons and we invite you to approach us with any and every question and concern — as always, no question or comment is irrelevant or unimportant. If it matters to you, it matters to us. What follows are the supports we have put in place to insure that this conference is the best experience it can be:

- **ESPO is hosting an ESPO 101 Dessert Symposium on Saturday, November 22, from 3:30-5 p.m.** Space is limited, so RSVP to Kara Bottiggi Dassel, the incoming ESPO chair, at kara.bottiggi@chw.edu. Kara, current Chair Sarah Ruiz, and past Chair Kelly Niles-Yokum will be speaking about ESPO — what it is, what it means, what it can do for you.
- **My belief is that people from different backgrounds working collaboratively ultimately leads to much better outcomes, rather than individuals working alone. This applies to research, education, and practice. If you can model this sort of behavior to students, then they will use this approach as they move forward.**
- **Can you tell us about your style of management?**

  My belief is that people from different backgrounds working collaboratively ultimately leads to much better outcomes, rather than individuals working alone. This applies to research, education, and practice. If you can model this sort of behavior to students, then they will use this approach as they move forward.

  **What will you focus on during your first 100 days?**

  **Listening, learning, and listening.** From members, I want to understand their perspectives on GSA, if they have any unmet needs, or any areas where they feel GSA is well positioned to extend its leadership activities. I will review the GSA operating procedures to ensure that best practices are in place to support our members. I also plan to focus on understanding our place in the world by meeting with various stakeholders in the field, by which I mean organizations that we collaborate or have alliances with. It is important to know how GSA is viewed in their eyes.

  **What do you hope to accomplish as executive director?**

  I will help develop additional programs and services that support our members and help them in their respective fields of study. I also hope to be able to further demonstrate to partner organizations why our interdisciplinary membership is what makes GSA the leader in the aging field, and to draw upon that interdisciplinary structure. I want to build programs that make a difference in the lives of our members and ultimately in the lives of seniors.

  **Can you elaborate on your thoughts about the interdisciplinary nature of our organization?**

  Why our interdisciplinary membership is what makes GSA the leader in the aging field, and to draw upon that interdisciplinary structure. I want to build programs that make a difference in the lives of our members and ultimately help the organization become stronger.

  **How do you feel GSA is in a good place from which to move forward?**

  Yes, absolutely. GSA has a rich heritage to build upon. We are the only professional membership organization with such an interdisciplinary approach to aging. The Society has committed leaders that clearly want to make a positive difference in the promotion of healthy aging. I have an entrepreneurial spirit — I believe that anything is possible. And I have a strong belief in people. When you put together a committed staff and committed members who all have that shared vision of advancing the field of gerontology, that’s a powerful combination.

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The Gerontological Society of America fosters new ideas, recognizes leadership in gerontological teaching and service, and salutes both outstanding and potential research through a host of awards. GSA’s awards program exists to honoring outstanding leaders and focus attention on new developments in the field of aging. In a way, the Society’s award winners serve as milestones in the history and development of gerontology.

Please join us in celebrating and congratulating our awardees!

Society-Wide Awards

**Donald P. Kent Award**
Presented to Terrie Welle, PhD
Brown University
Lecture by W. Andrew Achenbaum, PhD
University of Southern California
“A Historian Interprets Gerontology’s Future”
Sunday, November 23, 10-11:30 a.m.

**Robert W. Kleemeier Award**
Presented to Jon Hendricks, PhD
Oregon State University
Lecture by Rita B. Effros, PhD
David Geffen School of Medicine at UCLA
“The Canary in the Coal Mine: Telomeres and Healthspan”
Sunday, November 23, 10-11:30 a.m.

**Maxwell A. Pollack Award**
Presented to Joseph Coughlin, PhD
Massachusetts Institute of Technology
Lecture by Nancy A. Whitelaw, PhD
The National Council on Aging
“Making a Commitment to Healthy Aging”
Sunday, November 23, 3-4:30 p.m.

**M. Powell Lawton Award**
Presented to Lou Burgio, PhD
University of Michigan
Lecture by Elaine Brody, MSW
“On Being Very, Very Old; An Insider’s Perspective”
Monday, November 24, 1:30-3 p.m.

**Margret M. & Paul B. Baltes Award**
Presented to Anthony Ong, PhD
Cornell University
Lecture by Lynn M. Martire, PhD
University of Pittsburgh
“Older Couples Coping with Chronic Illness: From Observation to Intervention and Back Again”
Monday, November 24, 8-9:30 a.m.

**Doris Schwartz Gerontological Nursing Research Award**
Presented to and lecture by Barbara Resnick, PhD
University of Maryland School of Nursing
“Geriatrctic Nursing: Learning and Living Resilience”
Presented at the Nursing Care of Older Adults Interest Group meeting
Saturday, November 22, 6-8 p.m.
Distinguished Career Contribution to Gerontology Award
Presented to K. Warner Schaie, PhD
Penn State University
Presented at the BSS Section Update & Award Presentation
Sunday, November 23, 11:45 a.m.-1 p.m.

Distinguished Mentorship in Gerontology Award
Presented to Kathleen Buckwalter, PhD
University of Iowa
Presented at the BSS Section Update & Award Presentation
Sunday, November 23, 11:45 a.m.-1 p.m.

Richard Kalish Innovative Publication Award
Co-Recipient
Madonna Harrington Meyer, PhD
Syracuse University
For the book “Market Friendly or Family Friendly?”
Presented at the BSS Section Update & Award Presentation
Sunday, November 23, 11:45 a.m.-1 p.m.

Richard Kalish Innovative Publication Award
Co-Recipient
Pamela Herd, PhD
University of Wisconsin, Madison
For the book “Market Friendly or Family Friendly?”
Presented at the BSS Section Update & Award Presentation
Sunday, November 23, 11:45 a.m.-1 p.m.

We also invite you to the following special events to honor our Awardees:

A slide show at the President’s Opening Session
Friday, November 21, 7-8:30 p.m.

The Maxwell A. Pollack Award Reception
Sunday, November 23, 4:30-6 p.m.

The M. Powell Lawton Award Reception
Saturday, November 22, 7-8:30 p.m.
**Award News**

**Biological Sciences Section**

**Nathan Shock New Investigator Award**
Presented to and lecture by Ilhem Messaoudi, PhD
Oregon Health & Science University
For her paper “Delay of T Cell Senescence by Caloric Restriction in Aged Long-Lived Nonhuman Primates”
Presented at the BS Section Update & Award Presentation Sunday, November 23, 11:45 a.m.-1 p.m.

**Joseph T. Freeman Award**
Presented to David Reuben, MD
David Geffen School of Medicine at UCLA
Lecture by Andrew P. Goldberg, MD
University of Maryland at Baltimore
“Clinical Research in Aging: Survival of the Fittest”
Sunday, November 23, 1:15-2:45 p.m.

**Additional Awards**

The following will be given on-site at the Annual Meeting:

**Biological Sciences**
- Austin Bloch Post-Doctoral Fellow Award
- George Sacher Student Award

**Behavioral & Social Sciences**
- Student Research Award: Pre-Dissertation Level
- Student Research Award: Dissertation Level

**Health Sciences**
- Austin Bloch Post-Doctoral Fellow Award
- Person-In-Training Award
- Research Award

**Social Research, Policy & Practice**
- Student Research Award: Doctoral Level
- Student Research Award: Undergraduate/Master’s Level

**Emerging Scholar & Professional Organization**
- Interdisciplinary Paper Award
- Poster Award

**Civic Engagement in an Older America Project**
- Research Award: Student/Junior Scholar Level
- Research Award: Senior Scholar Level

**GSA Social Gerontology Award**
- Theoretical Developments in Social Gerontology

**Task Force on Minority Issues Distinguished Mentorship Award**
Sponsors
GSA thanks the following award sponsors:

- New York Community Trust (Pollack Award)
- Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life (Lawton Award)
- Margret M. & Paul B. Baltes Foundation (Baltes Award)
- Hartford Institute for Geriatric Nursing/New York University (Schwartz Award)
- Baywood Publishing (Kalish Award)
- The Atlantic Philanthropies (Civic Engagement Awards)
- The University of Maryland, Baltimore County (GSA Social Gerontology Award)

Stay tuned to Gerontology News in early 2009 to see a complete listing of next year's available awards.

As a reminder, please check the final program for all dates, times, and room location assignments for award events.

If you are interested in learning more about GSA’s awards program, please visit www.geron.org/Membership/Awards.
Ph.D. Program in Gerontology

♦ Interdisciplinary training emphasizing Social and Behavioral Gerontology
♦ Preparing students for professional, academic and research careers in Gerontology
♦ Research Assistantships Available
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  David Johnson, Psychology
  Susan Kemper, Psychology
  Mary Lee Hummert, Communication Studies
  Tracey LaPierre, Sociology
  Katherine Froehlich-Grobe, Gerontology
♦ Affiliated Faculty from over 30 departments

Now accepting applications for Fall 2009

For more information contact:
Susan Kemper, Graduate Advisor (skemper@ku.edu)
Gerontology Graduate Program, Gerontology Center
1000 Sunnyside Ave., Room 3090, Lawrence, KS 66045-7555
Phone: 785-864-4130  www.ku.edu/~kugeron

Gurwin Jewish Nursing & Rehabilitation Center is a voluntary 460-bed teaching SNF, which includes Assistive Living, Adult Day Care and Home Care programs. As a recognized leader in geriatric programs and services, Gurwin is renowned for delivering the highest quality individualized care.

DIRECTOR OF RESEARCH & EDUCATION INSTITUTE

We are seeking a dynamic leader to help establish a world-class Research & Education Institute in Geriatric Medicine, Rehabilitation, Technology and Education. In this highly visible role, you will pilot this startup venture while having administrative responsibility for operations, as well as securing external funding for applied Gerontology research in the sub acute and long term care setting. You will also be involved in overseeing interdisciplinary clinical training as well as have responsibility for conducting continuing educational “best practice” conferences and programs on the Gurwin campus, in conjunction with the numerous universities, medical centers and institutes where Gurwin has affiliations.

The successful candidate must have a PhD in Gerontology-related field, Public Health or Pharmacology, demonstrated scholarly activity, and a proven track record in obtaining federal, state and scientific grant awards from governmental, pharmaceutical and private funding sources. Must have a strong background in teaching, grant research and identification, program development, financial reporting as well as have the ability to work on collaborative projects with leaders in healthcare, government and academics.

Facility appointment at SUNY Stony Brook available for qualified applicants.

Please email your CV or resume as an attachment to: employment@gurwin.org. Fax: 631-715-2922. EOE
Gurwin Jewish Nursing & Rehabilitation Center • 68 Hauppauge Road Commack, New York 11725

Job Opening
Florida State University

The Department of Sociology invites applications for two positions, effective August 2009, at the rank of Assistant Professor.

♦ One hire will be in the area of aging/gerontology to build upon our existing Health and Aging area.
♦ The second area is open, although candidates should fit within one of our areas of concentration: Stratification and Social Justice (including gender, race/ethnicity, social movements, political economy), Demography, and Social Psychology.

An ability to teach Classical or Contemporary Theory is desirable. Applications should include a personal letter, curriculum vitae, three letters of reference, and a writing sample.

Screening will begin October 1 and continue until the positions are filled. All application materials should be sent electronically to Irene Padavic, Chair, Department of Sociology, using this address: sociology@fsu.edu. Please indicate on the subject line which job you are applying for (aging or open).

For more information, visit our webpage at www.sociology.fsu.edu

Florida State University is an Affirmative Action/Equal Opportunity Employer and race/ethnic minority applicants are particularly invited.
THE DEPARTMENT OF PHYSICAL THERAPY AT THE UNIVERSITY OF UTAH is seeking an experienced and established faculty candidate for a tenure-track position at the assistant, associate or professor level. This is a full-time 9-month position at a rank commensurate with academic and scholarly experience. Primary responsibilities will be to expand upon the current research emphasis within the Department. A track record of attracting external funding and mentoring PhD students and Post-Doctoral Fellows is important as a leadership role in the Department’s evolving PhD program is expected.

The successful applicant should be an established investigator and demonstrate a track record of strong leadership, communication and collaborative skills resulting in federally-funded initiatives and programs. The appropriate individual will be expected to integrate their expertise via demonstrative interactions with entry-level and post-professional DPT students, including teaching, mentoring and serving on related committees.

The position begins July 1, 2008, yet will remain open until a qualified applicant is identified. Rank and salary are dependent upon experience and qualifications. Individuals interested in the faculty position should submit a curriculum vitae, a cover letter summarizing their relevant experience and potential contributions to the research and educational programs at the University of Utah, and three letters of reference to:

Paul LaStayo, PT, PhD, CHT
Chair, Physical Therapy Search Committee
Department of Physical Therapy
University of Utah
520 Wakara Way, Suite 302
Salt Lake City, UT 84108-1290
Applications will be accepted until the position is filled.

USC POSTDOC OPENINGS FOR 2008-2009
MULTIDISCIPLINARY RESEARCH TRAINING IN GERONTOLOGY

Postdoctoral research fellowships in gerontology are available at the University of Southern California. These fellowships are provided by a grant from the National Institute on Aging. Trainees may be in the Departments of Sociology, Psychology, Neuroscience, Preventive Medicine, and Economics or in the School of Gerontology. We are specifically looking for postdocs with a background that will allow them to develop a significant research profile based on a multidisciplinary approach to aging. Our research focus is on physical and mental health changes with aging. All Trainees take part in a regular seminar and course work that appropriately develops multidisciplinary research competence. Monthly stipends, health insurance, some tuition, and related expenses will be provided to qualified applicants. Postdoctoral trainees must have completed a Ph.D., M.D. or equivalent degree.

All candidates should forward a letter of interest, identification of a potential mentor, complete curriculum vitae, graduate transcript, GRE scores, representative papers or publications (if available), and at least three letters of recommendation to: EILEEN M. CRIMMINS, Director of Training, Andrus Gerontology Center, University of Southern California, 3715 McClintock Avenue, Los Angeles, CA 90089-0191. Address questions to (lindah@usc.edu). More information can be found on our website: http://www.usc.edu/dept/gero/training/ Minority applicants are encouraged to apply.
APPOINTMENTS WILL NEED TO START NO LATER THAN APRIL 25, 2009
APPLICATION DEADLINE: DECEMBER 31, 2008
Singaporeans Plan Retirements Abroad
According to Deutsche Presse-Agentur, nearly two-thirds of Singaporeans are thinking of retiring abroad, attracted by a slower pace of life and lower cost of living. The statistics were compiled by the Tsao Foundation, a non-profit group dedicated to helping the elderly. The yearning to retire abroad was highest among those aged 21 to 34. In the 45 to 55 age group, one in two had considered spending their retirement overseas. The study also revealed that 92 percent of respondents do not expect to live with their children in their old age.

European Deaths May Soon Outnumber Births
Deaths are expected to outnumber births in the European Union as soon as 2015, when migration will become the only source of population growth, according to an EU report examined by the Associated Press. The forecasts show Europe aging rapidly over future decades with fewer workers paying the pension and health care costs of more and more elderly people. In the near-term, the number of EU citizens in the 27-nation bloc will swell from today's 495 million to 521 million in 2035. But after that it will shrink back gradually to 506 million in 2060, according to the EU's statistics agency. Many more people will live longer, with those aged 80 or over almost tripling in number from 22 million now to 61 million in 2060. By 2060, Britain will overtake Germany and France to become the EU's most populous state, increasing by a quarter to 77 million. Germany will shrink to 71 million while France will grow to 72 million, Italy to 59 million and Spain to 52 million. Ireland — which currently has Europe's second highest birth rate after France — will grow by half; while Cyprus, one of the EU's smallest states, will expand by three quarters. Some eastern European states will see their populations fall dramatically. Bulgaria will drop by 28 percent, Latvia by 26 percent, Lithuania by 24 percent, Romania by 21 percent, and Poland by 18 percent.

Bulgaria Age Boom Ranked First in Europe
A recently-published study of the Berlin Institute for Population and Development, titled "Europe's Demographic Future: Growing Imbalances," ranks Bulgaria as the country with the most rapidly aging population on the continent. According to the report, Europe's population will drop from the current 591 million to 542 million in 2050, and the continent will remain the global leader in population aging.

Need for Pension Reform Found Internationally
As the United States, Europe and Asia grapple with the long-term affordability of their pension systems, there are also growing demographic and economic pressures that are forcing both developing and developed countries to undertake urgent pension reforms. According to the new World Bank report, "Old-Age Income Support in the 21st Century: An International Perspective on Pension Systems and Reform," most public pension schemes were not designed to deliver current benefit levels when confronted with today's major demographic and economic changes. Therefore, keeping existing systems afloat will require either cutting public spending on health and education, or cutting pensions drastically for the next generations of elderly. The Bank, which has been involved in pension reform in more than 80 countries and provided financial support for reform to more than 60 countries, believes that if problems like these are not solved, falling economic growth and greater poverty may be the end result.

China Faces Shrinking, Aging Population
According to The Philadelphia Inquirer, over the next 40 years, China is headed for intense and rapid demographic change. Between now and 2050, China's population will shrink and become very, very old. In 1950, China had 550 million people; today, it is home to 1.3 billion. But the rate of population growth has slowed considerably. According to projections from the United Nations' Population Division, China's population will peak at 1.458 billion in 2030 before it will begin contracting. By 2050, the population will be down to 1.408 billion and will lose 20 million people every five years. At the same time, the average age in China will be shooting up. In 2005, China's median age was 32. By 2050, it will be 45, which means that an increasing percentage of Chinese will be elderly. By 2025, one in five Chinese will be older than 65. By 2050, that ratio will be 1 in 4.

Aging Japanese Create Crematorium Shortage
The Associated Press reports that Japan's rapidly aging society will result in a shortage of crematoria. The number of people dying annually in Japan reached 1.1 million in 2007, with nearly all of them cremated in accordance with Buddhist practices, according to the Health and Welfare Ministry. With the passing of the burgeoning elderly population, the annual number of deaths is projected to rise to 1.7 million by 2040 — far beyond what Japan's 4,900 crematoria can handle. Japan, however, faces significant barriers to expanding the number of crematoria, including high land costs and cultural taboos against anything related to death.

Canadian Seniors Pay More for Generic Drugs
Senior citizens in Canada pay on average twice the amount American seniors do for generic medications, according to a report from the Fraser Institute. Between 2003 and 2006, prices in Canada for generic drugs increased significantly relative to prices in the United States, while relative prices for brand-name drugs most commonly prescribed to seniors decreased, according to the report. The study evaluated the difference between brand-name and generic drug prices in Canada and the United States for the drugs most commonly prescribed to seniors. The Fraser study found Canadian seniors paid 118 percent more than their American counterparts for the same generic drugs in 2006. In 2003, those drugs were 64 percent more expensive for Canadian seniors than they were for Americans. Brand-name drugs, on the other hand, were 36 percent less expensive for seniors in Canada than in the United States in 2003, and 52 percent less in 2006.
Hebrew SeniorLife and Harvard Medical School are pleased to announce their affiliation.

For more than 30 years, Hebrew SeniorLife has been at the forefront of geriatric physician education, including the essential training of Harvard Medical School students and geriatrics internists, specialists, and researchers. The HSL-HMS affiliation reinforces the commitment and leadership that both have taken in training the next generation of geriatricians, as well as physicians in other specialties, with a firm ground in how to care for the unique medical needs of older adults.

- Since 1979, HSL has partnered with Beth Israel Deaconess Medical Center, another major teaching affiliate of Harvard Medical School, to found, develop and manage HMS’s academic program in aging.
- Scientists at HSL’s Institute for Aging Research collaborate with investigators from throughout Harvard Medical School, conducting medical and social studies to maximize older adults’ physical well-being, as well as their cognitive and functional independence.
- Hebrew Rehabilitation Center, HSL’s flagship facility, is the principal training site for the Harvard Medical School Multi-Campus Fellowship in Geriatric Medicine, one of the oldest graduate programs of its kind in the country.
- For the past eight years, Hebrew Rehabilitation Center has been one of the major academic centers for second-year HMS students.

Serving more than 5,000 seniors annually, Hebrew SeniorLife is the largest non-profit provider of senior health care and housing in Massachusetts. The Institute for Aging Research has produced a cadre of physician-scientists with specialized training in the unique medical needs of older adults and is the largest gerontological research facility located in a U.S. long-term care setting. This environment provides a valuable opportunity to conduct rigorous clinical investigations into disabling geriatric conditions and readily apply the findings to the care of older adults.

Hebrew SeniorLife is a teaching affiliate of Harvard Medical School
Community College Adds Aging Focus
Mercer County Community College in West Windsor, NJ, is now offering “Retire with Attitude” fall workshops designed to help retirees or those nearing retirement chart their best course of action for a fulfilling future. The series is offered by the college’s Center for Continuing Studies. The school also now offers a certificate in gerontology program, designed for professionals who work with the elderly, as well as personal caregivers. The curriculum will explore broad-ranging issues that impact aging adults.

Utica’s Curriculum Now Features Gerontology
Starting this fall, Utica College now offers an undergraduate major in gerontology. The program will focus on the physical, mental, and sociological study of individuals as they grow from middle age through later life. Utica College is a comprehensive private institution located in Upstate New York, approximately 90 miles west of Albany and 50 miles east of Syracuse.

Schools Win Grants to Train Caregivers
Twelve innovative in-home caregiver training programs are being awarded up to $25,000 through the 2008 Community College Caregiver Training Initiative of the International Longevity Center-USA’s Caregiving Project for Older Americans, supported by MetLife Foundation. The project seeks to address the growing shortage of caregivers by encouraging community colleges to develop new, creative programs that train both family and professional in-home caregivers. Among the winners of the national competition is GateWay Community College in Phoenix, AZ, which will expand its recruitment efforts and offer bilingual components to meet the needs of the large Hispanic population in the state. Johnson County Community College in Overland Park, KS, also was awarded funding and will offer the Advanced Dementia Care Certificate Program to train family caregivers and in-home care workers on long-term home care services to older adults with cognitive deficits due to Alzheimer’s, dementia, or stroke.

Grants Support Curricular Outreach to Older Adults
Twenty colleges and universities throughout the United States are slated to receive a grant from the Council on Social Work Education (CSWE) to support hands-on opportunities with older adults for students likely to enter direct practice. The funds are part of a nearly $150,000 pool distributed to designated schools by the CSWE Gero-Ed Center’s BSW Experiential Learning (BEL) Program. The goal of the program is to support new initiatives that will introduce bachelor of social work students to gerontological learning experiences. Research has indicated that only five percent of those BSW students polled in the United States express interest in working with older adults. Funding for the BEL Program has been made possible by the John A. Hartford Foundation.

On Lok Lifeways will hold its second annual conference for professionals in aging and health care
Sustainable Long Term Care: Ethics, Technology and International Perspectives
October 22, 2008, 8 AM-4 PM
UCSF Mission Bay Conference Center in San Francisco
This conference will provide state of the art perspectives and an important dialogue with internationally acclaimed visionaries in the field of aging health technology, ethics and policy.
$125 includes materials, breakfast, lunch and parking
For more information or to register: www.onlok.org/events

Job Opening • Florida State University
The Department of Sociology invites applications for two positions, effective August 2009, at the rank of Assistant Professor. One hire will be in the area of aging/gerontology to build upon our existing Health and Aging area. The second area is open, although candidates should fit within one of our areas of concentration: Stratification and Social Justice (including gender, race/ethnicity, social movements, political economy), Demography, and Social Psychology. An ability to teach Classical or Contemporary Theory is desirable. Applications should include a personal letter, curriculum vitae, three letters of reference, and a writing sample. Screening will begin October 1 and continue until the positions are filled. All application materials should be sent electronically to Irene Padavic, Chair, Department of Sociology, using this address: sociology@fsu.edu. Please indicate on the subject line which job you are applying for (aging or open). For more information, visit our webpage at www.sociology.fsu.edu. Florida State University is an Affirmative Action/Equal Opportunity Employer and race/ethnic minority applicants are particularly invited.

The University of Southern California
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Position: Assistant, Associate or Full Professor in Gerontological Nursing

Institution: University of California, San Francisco

Location: California

Nursing: Faculty position. The Department of Physiological Nursing (DPN) announces a national search for a tenure track faculty position in gerontological nursing. Open until filled. The appointment will be at the Assistant, Associate, or Full Professor rank, depending upon the finalist’s level of scholarship and experience. The DPN is one of four academic departments in the School of Nursing and offers master’s and doctoral preparation with areas of study in gerontology/geriatrics, cardiovascular, critical care trauma, acute care, and oncology. The gerontology specialty includes both clinical nurse specialist and gerontological nurse practitioner tracks at the master’s level.

Qualifications: Minimum Criteria – Education: Doctoral degree in nursing or related field with experience in teaching and research in gerontological nursing; Licensed or eligible for nursing licensure in the State of California.

Qualifications: Preferred Criteria – 1. Two or more years of experience in gerontology. 2. Educator with a strong foundation in biological, social and/or behavioral science, experience teaching graduate students, and expertise in gerontology. Expertise in gerontology is broadly defined to include some or all of the following: primary gerontologic/geriatric care, chronic illness in older adults, long-term care, care of the acutely ill older adult, or other area of expertise related to the health and well-being of older adults and their families. 3. Prepared through experience, teaching, research, or community service to contribute to the School of Nursing’s commitment to diversity and excellence. 4. Research experience as a principal investigator and/or extensive experience on funded projects documented by publications and other modes of disseminating research findings. 5. Publications and research experience are in areas related to gerontology.

Areas of Responsibility: 1. Teaching and advising master’s (Clinical Nurse Specialist and Gerontological Nurse Practitioner Tracks) and doctoral nursing students. 2. Engaging in ongoing programs of research that are gerontology focused and include student mentorship. 3. Contributing to department leadership in the area of gerontology, including participation in the activities and initiatives of the UCSF/John A. Hartford Center of Geriatric Nursing Excellence. 4. Participating as a faculty member in activities of the Department of Physiological Nursing, School of Nursing and the University of California, San Francisco, including committee appointments. 5. Engaging in professional activities at a local, state, regional, and national level. 6. Disseminating knowledge in gerontology/geriatrics and related areas through publications as well as participating and presenting at interdisciplinary and scientific meetings.

Lines of Responsibility: Responsible to the Chair, Department of Physiological Nursing.

UCSF is an affirmative action/equal opportunity employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans. The School of Nursing also embraces gender diversity and encourages applications from both men and women. UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

For further information contact: Margaret Wallhagen, PhD, GNP-BC, AGSF, FAAN at 415-476-4965, meg.wallhagen@nursing.ucsf.edu, or Jill Howie-Esquivel, PhD, APRN (ck) at 415-502-1551, jill.howie-esquivel@nursing.ucsf.edu.

Interested individuals should send a curriculum vitae and a brief statement about how your experience, teaching, research, or community service would contribute to the School of Nursing’s commitment to diversity and excellence to: Margaret Wallhagen PhD, APRN, BC, GNP, AGSF, Chair, Faculty Search Committee, Department of Physiological Nursing, 2 Koret Way, N631, Box 0610, San Francisco, CA 94143-0610, meg.wallhagen@nursing.ucsf.edu.
Neal Krause provides a comprehensive assessment of relationships that stem from church involvement and how they have a significant positive impact on the physical and mental health of older people. He also takes research to the next level by identifying conceptual and methodological issues that investigators will have to confront. Plain language along with literature drawn from a wide array of disciplines will appeal to a wide variety of scholars, researchers, and students.

“Quite simply, Aging in the Church is a tour-de-force. This sophisticated, clearly written volume casts fresh light on an important topic that has been neglected for too long.”

—Christopher G. Ellison, Elsie and Stanley E. Adams, Sr. Centennial Professor in Liberal Arts, University of Texas at Austin

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Take advantage of early bird discounts before September 30!