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GSA65
Celebrating 65 years | 1945–2010

Key Moment in History
1988: GSA begins its interest groups program. The Society has many formal and informal interest groups that are formed around a topic or issue that cuts across disciplines. Interest groups meet at the Annual Scientific Meeting, which provides opportunities for networking and collaboration on research projects. Members are able to keep in touch via e-mail listservs. For more information, visit www.geron.org/Resources.

Reserve Your Section Luncheon Meal Today!
At the upcoming Annual Scientific Meeting in New Orleans, join colleagues at your Section Luncheon on November 21 to honor new awardees and learn about new developments specific to your GSA section. Act now to secure a ticket for the meal, which the Society will provide for a nominal $10 fee. Limited general seating will be available for those who do not wish to eat. To register or to update an existing meeting registration, visit www.geron.org/2010 and click “Register Today!”

Correction
The August installment of “From the Executive Director” acknowledged several leading members of GSA’s Chinese Gerontology Studies Interest Group who organized a recent conference in China. Ning Zhang, MD, PhD, MPH, of the University of Central Florida was unintentionally omitted from the list.

GSA Spars Evolution of Care Coordination
A recent summit organized by GSA has resulted in new recommendations to enable effective care coordination for older adults by their health care providers. “Diffusing Care Coordination Models: Translating Research into Policy & Practice,” which was held on September 16 in Washington, DC, assembled experts from public, private, and academic institutions.

The event was the brainchild of GSA President Peggye Dilworth-Anderson, PhD, who chose “Transitions of Care Across the Aging Continuum” as the theme for the Society’s upcoming Annual Scientific Meeting in New Orleans, LA. This summit’s outcomes will be explored in greater detail during a November 22 symposium at the Annual Scientific Meeting.

“Right now, the nation is not prepared to meet the social and health care needs of older people,” said Dilworth-Anderson. While several care coordination models have been proven successful, none has yet been implemented in a large scale in order to address them and implement them across different care settings.”

GSA Fellow Brian Hofland, PhD, served as the day’s moderator. Two other members gave opening presentations. Chad Boult, MD, MPH, MBA, provided a summary of the core principles of care coordination models and

Volunteer Initiative To Stimulate New Orleans Recovery
GSA is providing attendees at the upcoming Annual Scientific Meeting with the opportunity to participate firsthand in the rebuilding of damaged homes in New Orleans.

As part of the Gerontologists Giving Back Service Event, individuals are invited to sign up for a day of volunteer work in St. Bernard Parish, a working-class community that suffered catastrophic damage in hurricanes Rita and Katrina. The activity will take place on Tuesday, November 23, the final day of the meeting. The Society is partnering with the St. Bernard Project, a community-based nonprofit organization that helps families repair and return to their homes.

This is the third consecutive year that GSA has coordinated this type of outing. It is being arranged by members Sarah Canham, MA, and Leanne Clark-Shirley, MGS, who are enrolled in the Doctoral Program in Gerontology at the University of Maryland, Baltimore County. In 2008, together with John Watkins, PhD, of the University of Kentucky, the two conceived of the idea for a recurring day of service during the annual meeting.

“We are particularly excited about being in New Orleans with a chance to give back to a community that continues to have so many unmet needs,” said Canham. “We hope to create an ongoing network of GSA members who will commit to future service events at the conference for years to come.”

The 2010 Gerontologists Giving Back Service Event will be sponsored by IMPAQ International and the Center for Rebuilding Sustainable Communities after Disasters at the University of Massachusetts Boston.

The GSA volunteers will work with the St. Bernard Project’s Rebuilding Program, which focuses on homes for senior citizens, people with

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Outstanding Projects Thrive on Members’ Leadership

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

For 65 years, elected and appointed volunteer leaders have been responsible for GSA’s greatest successes. This year has been no different, so as we approach the Annual Scientific Meeting — a time when our officers and committee and task force members conclude or begin their terms — I want to pay tribute to those remarkable individuals who contributed to the Society’s significant productivity in 2010.

GSA members continue to show an amazing passion for their field that I have not seen elsewhere. As explained on the front page, GSA President Peggye Dilworth-Anderson, PhD, was the driving force behind a special summit on care coordination models. I applaud Peggye for cultivating her Annual Scientific Meeting theme beyond November’s single venue. Earlier this year, she also became the first president to issue specific charges to standing GSA committees. This has resulted in some meaningful progress.

Our president-elect, Donald Ingram, PhD, also has been working to advance the Society’s mission. Earlier this year he organized a biology-themed symposium at the annual meeting of the American Aging Association (AGE). GSA co-sponsored this session along with AGE and the American Federation for Aging Research, representing the first time these three groups have joined forces. The symposium was very successful and the organizations are exploring ways to collaborate in a similar fashion in the future.

The appointed representatives on GSA’s committees and task forces have a lot to show for their work, too. Their full annual reports will be available on our website after the Annual Scientific Meeting, but I feel compelled to share a few of the more exciting accomplishments, many of which promise to enhance GSA’s membership experience.

For example, the Information Technology Committee, charged with making recommendations for enhancements to GSA’s website, spurred several new developments. We created an aging-themed newsfeed on the main page, added a wildcard search capability to the membership directory, and upgraded the committee roster pages to include more information about the roles of each individual member.

The Humanities and the Arts Committee has been busy with a number of initiatives. One of most anticipated is a new filmmaking project that will take place at the Annual Scientific Meeting, where emerging and established scholars will be paired for a series of on-camera interviews.

The Awards Committee and Fellowship Committee both admirably responded to a call to ensure that their programs are inclusive and reflect the diversity of GSA’s membership. The new fellows and awardees were featured in the August issue of Gerontology News and they will be included in the Annual Scientific Meeting Program Book.

We also gained valuable member input from surveys this year. The Task Force on Publications and Task Force on Mentoring each issued questionnaires that resulted in valuable feedback likely to enhance future developments.

Lastly, I would like to extend my thanks to the Publications Committee for their outstanding work in selecting Rachel Pruchno, PhD, as the new editor of The Gerontologist. Her term will begin in January 2011.

These are only a few examples of the productive efforts put forth by GSA’s volunteer leaders. In next month’s newsletter, I look forward to sharing some of the major accomplishments that the Society as a whole achieved in 2010. I also would welcome the chance to talk about these items with members in person at the Annual Scientific Meeting in New Orleans. Please remember that online registration will be available until November 8, but our special hotel discounts expire October 29!

Sincerely,

James

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In Memoriam

Fredda Blanchard-Fields, PhD, a GSA fellow, passed away at age 61 on August 3. At the time of her death, she was chair of the School of Psychology at the Georgia Institute of Technology. As director of the school’s Adult Development Laboratory, she led research efforts that addressed social-cognitive processes in everyday life, from adolescence to older adulthood. Additionally, Blanchard-Fields had served as editor of Psychology and Aging and was a recipient of the Distinguished Mentor Award from the American Psychological Association.

Dana Cable, PhD, died on July 30 at age 66. He was a professor of psychology and thanatology (the study of dying, death, and bereavement) at Hood College. He was the author of “Death: The Universal Experience” and served on the editorial boards of The American Journal of Hospice and Palliative Care and Omega: Journal of Death and Dying. While at Hood, Cable was the driving force behind the founding of one of the country’s first graduate programs in thanatology. He also served on the board of the Association for Death Education and Counseling and was president of Phi Kappa Phi international honor society.

New Publications by Members


Members in the News

• GSA Fellow Gloria Gutman, PhD, was interviewed by Canadian radio station CKWX about the increasing number of seniors in the labor market. She said that numbers compiled by Statistics Canada do not take into account seniors in the middle-income bracket who have lost their jobs due to the recession in 2008 and who likely will seek work again as the economy improves.

• GSA Fellow Karl Pillemer, PhD, was mentioned in a recent article on the Huffington Post website that discussed the tendency for parents to have favorite children. The piece referenced Pillemer’s April 2010 article in the Journal of Marriage and the Family.

• Chad Boult, MD, MPH, MBA, was quoted in the July 25 edition of The Dallas Morning News. He spoke of the value of health care providers collaborating to better diagnose and meet seniors’ needs.

Member Spotlight

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

Aubrey de Grey, PhD

Visit www.geron.org/Membership/member-spotlight to ask questions and read previous interviews.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Janna Heyman

The recipient, who became eligible after referring new member Neil Heyman, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/connection.

Binstock Receives Case Western’s Hovorka Prize

Former GSA President Robert H. Binstock, PhD, has been chosen by Case Western Reserve University as the 2010 recipient of the Frank and Dorothy Humel Hovorka Prize. This honor is given annually to recognize exceptional achievement by an active or emeritus member of the faculty whose accomplishments in teaching, research, and scholarly service have benefited the community, the nation, and the world. Currently a professor of aging, health, and society, Binstock joined the Case Western faculty in 1985. He holds primary tenured appointments in the Department of Epidemiology and Biostatistics in the School of Medicine and in the Frances Payne Bolton School of Nursing, and secondary appointments in the Departments of Bioethics, Medicine, Political Science, and Sociology.

Mezey Earns Nascher-Manning Award from AGS

GSA Fellow Mathy Mezey, EdD, RN, FAAN, has been chosen as the first nurse to receive the Nascher-Manning Award from the American Geriatrics Society (AGS). This honor is given for teaching, leadership, and life-long achievement in clinical geriatrics. Mezey is currently director of the Hartford Institute of Geriatric Nursing at New York University’s College of Nursing. She is the 2010 recipient of GSA’s Donald P. Kent Award and is a previous winner of GSA’s Doris Schwartz Gerontological Nursing Research Award. Her current research and writing focus on quality of care for older people in hospitals and long-term care facilities.

Martin-Matthews To Assume International Sociological Association Presidency

GSA Fellow Anne Martin-Matthews, PhD, a professor of sociology at the University of British Columbia, Canada, has been elected president of the Research Committee on Aging (RC11) of the International Sociological Association. She will serve a four-year term from 2010 to 2014. Martin-Matthews is currently the scientific director of the Institute of Aging of the Canadian Institutes of Health Research, and will complete her 7.5-year term as such in July 2011.

Litchman Named Hartford Scholar in Utah

Michelle LeAnn Litchman, MS, FNP-BC, has been selected as the University of Utah’s 2010–2012 Jonas Hartford Scholar. The two-year program, which is a partnership with the Jonas Center of Nursing Excellence and the John A. Hartford Foundation, is designed to expand the development of new nursing faculty committed to pursuing academic careers with geriatric focuses in community or mental health research. Litchman, a board-certified family nurse practitioner with Wasatch Endocrinology & Diabetes Specialists in Salt Lake City, UT, is an emerging leader in diabetes prevention and management in geriatric populations. In 2007, she developed Diabetes Outreach Services, a house-call program dedicated to home bound elders with diabetes.
Concerns Arise as New Commission Scrutinizes Social Security

As I noted in an earlier column, President Barack Obama created the National Commission on Fiscal Responsibility and Reform by executive order and populated it with a total of 18 current and former legislators, CEOs, and policy wonks. Its co-chairs are former Clinton White House Chief of Staff Erskine Bowles and former Senator Alan Simpson of Wyoming. This group is known colloquially as the deficit commission; its website is www.fiscalcommission.gov.

The commission has been divided into three working groups: the Discretionary Working Group, which handles issues related to discretionary spending; the Mandatory Working Group, which discusses issues related to mandatory spending such as Social Security and Medicare; and the Tax Reform Working Group.

The success or effectiveness of commissions is not a given. It is assumed that the strength of a commission lies in its members being appointed and not elected (i.e., not accountable to the electorate). However, any group can fall victim to partisanship, personality clashes, and politics. One of the best examples of this is the Greenspan Commission of 1981, which was appointed by President Ronald Reagan with the charge to reform Social Security. According to Thomas Bethell, a biographer of Robert M. Ball, a former commissioner of Social Security, the commission deadlocked early in its work and remained so for a full year. A small group of commissioners working secretly behind the scenes with President Reagan’s chief of staff, James Baker, was able to develop a compromise package and get backing from the president and Speaker of the House Tip O’Neill before the commission members themselves would accept it.

The deficit commission already faces a great deal of media hype and daunting political challenges working against it. A new group called the Strengthen Social Security Coalition (which includes the AFL-CIO, MoveOn.org, the NAACP, the National Committee to Preserve Social Security and Medicare, and more than 100 other organizations) states that the deficit commission co-chairs already have put Social Security “on the chopping block.” It already is lobbying for no changes to the retirement age, no changes in benefits, and no means testing. It believes that fiscal adjustments should be aimed at the revenue side. To read a list of the coalition’s principles, go to strengthensocialsecurity.org/principles.

On the other hand, Co-Chair Bowles has suggested that 75 percent of debt reduction should come from spending cuts and 25 percent from tax hikes. This will not go over well with the majority of Republicans who have pledged not to raise taxes.

Simpson, the other commission co-chair, is known for blunt words and harsh pronouncements. He already has stirred up controversy with comments about Social Security and veterans’ benefits, necessitating apologies on his part.

Congressional leaders have promised to seek an up or down vote if 14 of the 18 deficit commission members can agree on a debt reduction proposal when they finish their work in December.

GSA, through its members and through the Leadership Council of Aging Organizations, has been working to educate and persuade the commission on a range of issues including Social Security and Medicare.

Rother Weighs In on Program’s Future

I recently interviewed John Rother, JD, AARP’s executive vice president of policy, strategy, and international affairs, to discuss the Social Security program and its relation to the President’s Deficit Commission. He is one of the country’s foremost experts on the subject. In June 2010, Rother received the prestigious Robert Ball Award for Outstanding Achievements in Social Insurance from the National Academy of Social Insurance, honoring his lifetime of advocacy to strengthen the Social Security and Medicare programs. Prior to joining AARP in 1984, he worked for Senator Jacob Javits and Senator John Heinz. He is a graduate of Oberlin College and the University of Pennsylvania School of Law.

Brian W. Lindberg: We have been hearing more about Social Security lately because of the deficit commission. Maybe you could frame the issue in terms of politics and the practical need for this debate.

John Rother: Why are we having this debate now? It’s not like in 1983 when Social Security was almost out of money and we had an urgent crisis. Social Security is not in crisis today; it is still running a very healthy trust fund and has a few more years of continuing to build reserves. So, there are two reasons for the current buzz. One, we do have a long-term deficit problem in this country and a lot of people believe that we have to do something to reassure foreign bond holders that we can successfully tackle long-term structural issues. Of course, the two biggest long-term structural issues on the spending side are the costs of health care and Social Security. Part of the thinking of people inside the Obama administration and people in finance is that we have to do something to show that we can really manage our future...
obligations in a prudent way. And, of course, the other reason is that we have a deficit commission whose charge is to look at long-term entitlement reform and, since health care is so difficult and also most recently addressed, they are naturally turning to Social Security. I think the issue would arise even without the deficit commission. I would prefer to see the context of the discussion be the long-term health of the Social Security program and retirement security as a whole, rather than being framed in the context of the deficit.

**BWL:** Let’s pick up on that point. What is the relationship between the Social Security trust fund and the deficit?

**JR:** This is confusing to the public. The way economists look at this and the way the public looks at this are two different things. An economist would say that after 2017 or so, the trust fund needs to start being redeemed in order to meet benefit obligations. And that will mean more of a need for general revenues and therefore it contributes to the deficit. That contribution to the deficit grows every year beyond 2017. The way the public looks at it, on the other hand, is that their payroll taxes have been set aside to pay for this in the future. We don’t see it in the same context as the rest of the total budget and the whole deficit issue. So reconciling those two views is really tricky.

**BWL:** Your point earlier was that the trust fund does have the resources now. Is it true that the trust fund money has been lent to the government?

**JR:** Yes, it’s been appropriately invested in treasury bonds, but what people don’t focus on is that when the bonds need to be redeemed in order to pay benefits, that involves a draw on the general fund and that could mean higher taxes, so it is very much a part of the unified budget deficit projections. Politically, however, it is separate.

**BWL:** Is now the best time to be looking at this?

**JR:** Demographically, it seems to me you can make the case that now is a prudent time because you still have plenty of lead time to make changes that can be implemented very slowly like the way things were done in 1983. It would give people plenty of notice before the bulk of the boomers retires. We know it’s going to have to be done and the longer we put it off, the more difficult the changes will have to be. That’s the argument for taking it on now. The argument against taking it on now: this is a rough time economically, there’s resistance to taxes, and it’s hard to imagine solving Social Security without more revenues devoted to it. Maybe this isn’t the right time to be talking about Social Security’s long-term needs with the American people because of our economy.

**BWL:** What do we need to consider as possible options for changing the current system?

**JR:** Solvency over 75 years is a goal but it’s not the only goal. Actually, I would say that adequacy is a more important goal even than solvency. Given the economic downturn, Social Security’s role is going to be even more important. You don’t really want to do much on the benefit side due to the collapse of other retirement supports, so that means we need revenue for Social Security. The two leading ideas, not the only ideas, for revenues would be to lift the cap on payroll taxes — raise it up to about the 90th percentile of income, where it’s been historically, or do as we’ve done in previous years (but a long time ago), enact a very small increase in the rate. You’d really only need about a half a percent in the payroll tax rate phased in very gradually to make a huge difference.

**BWL:** Let’s talk a little bit more about the commission. First of all, just a broad question: do you think commissions like this are the way that we should analyze and help solve these kinds of serious societal issues?

**JR:** Well, maybe in the ideal world, no, but in the real, political world, yes. They allow sustained focus on a problem, they permit some efforts to achieve bipartisanship, they help educate the public and they generally receive more attention than say, congressional hearings would achieve. I think the potential here is positive. Now in recent weeks, we’ve had some developments that are quite negative. As a result, I’m frankly not expecting much out of this commission.

**BWL:** Do you want to comment on the negative exchanges that have gone on between Senator Simpson and a number of researchers and advocates?

**JR:** AARP put out a statement and we basically said that we regretted his remarks because they undermined the potential for the commission to achieve a publicly acceptable outcome. I think it really did hurt and I am sure that Senator Simpson regrets making them too. By attacking women, he showed a real insensitivity to a population that Social Security helps the most, and who really needs it the most.

**BWL:** Fourteen commission members have to be in agreement in order to put forth a package of recommendations. Do you think there’s any chance that that will happen?

**JR:** I don’t expect the commission to have a 14-vote majority for Social Security reforms. What I do expect is the two co-chairs, Bowles and Simpson, to put out a plan of their own in the spirit of prompting a public debate. I think that’s fine; I think it could be positive, but I just wish it weren’t under the guise of a deficit commission because that’s not the right way to think about Social Security.

In next month’s issue, this column will continue the conversation with Rother on topics such as privatization, health care, and other issues affecting the future of the Social Security program. I also will provide an outline for the sessions planned for GSA’s Public Policy Series at the upcoming Annual Scientific Meeting.
Aging Means Business E-Newsletter Launched

GSAs policy institute, the National Academy on an Aging Society, has released the first issue of its new quarterly Aging Means Business E-Newsletter. This online publication explores the intersection of business and aging. Installments highlight free articles and reports that address the enormous potential for businesses to target baby boomers and seniors as consumers, identify effective strategies for marketing to an older consumer, and spotlight select industries. Its goal is to reach teachers, students, researchers, and business professionals interested in serving, targeting, and engaging the 50+ consumer market. To be added to the mailing list, send an e-mail to sfrey@agingsociety.org with “Subscribe” in the subject line. To view the inaugural issue, visit www.geron.org/component/content/article/726.

Federal Report Details Health and Economic Status of Older Americans

The Federal Interagency Forum on Aging-Related Statistics has released “Older Americans 2010: Key Indicators of Well-Being,” a unique, comprehensive look at aging in the U.S. This is the fifth such report released since 2000. It provides an updated, accessible compendium of indicators, drawn from the most reliable official statistics about the well-being of Americans primarily age 65 and older. The indicators are categorized into five broad areas: population, economics, health status, health risks and behaviors, and health care. The 155-page report contains data on 37 key indicators. The report is available online at www.agingstats.gov.

New Report Gives Background on Hospice Care Survey

The National Center for Health Statistics (NCHS) has released “Redesign and Operation of the National Home and Hospice Care Survey, 2007,” which provides an overview of the redesigned survey conducted between August 2007 and February 2008. This is a national probability sample survey that collects data on U.S. home health and hospice care agencies, their staff members, the services they provide, and the people they serve. The publication is designed for researchers who analyze the survey data and wish to provide background information on the survey when preparing reports and presentations. To download this report, please visit www.cdc.gov/nchs/nhhs/nhhcs_products. The public-use micro-data files, data dictionaries, and web documentation for the 2007 survey are available at www.cdc.gov/nchs/nhhs/nhhcs_questionnaires.htm.

Site’s New Content Focuses on Poverty’s Consequences

The Aging and Poverty section of the Spotlight on Poverty and Opportunity website, located at www.spotlightonpoverty.org/aging_and_poverty.aspx, recently was updated with late-breaking academic research, headline news, and commentaries on aging and poverty. With support from the Atlantic Philanthropies, the AARP Foundation, and other national foundations, this online resource aims to draw attention to poverty rates for older Americans. During the past decade, the overall poverty rate for Americans age 65 and older has held steady at about 10 percent. A closer look, however, reveals drastically higher rates of poverty among older women and racial and ethnic minorities. The Aging and Poverty section of the website seeks to highlight the financial challenges facing older Americans and to identify approaches to improve their economic security through workforce development, asset building, and public benefits such as Social Security and Medicaid.

Healthy Aging Toolkit Takes Community Approach

The Center for Civic Partnerships has produced a toolkit outlining a community-based planning process to promote healthy aging. Aging Well in Communities: A Toolkit for Planning, Engagement & Action, located at www.civicpartnerships.org/docs/services/CHCC/aging-well.htm, is a user-friendly guide to help local governments, human services providers, community groups, and other partners plan now to address both the challenges and opportunities that lie ahead. The Center for Civic Partnerships’ parent organization is the Public Health Institute.

Immense Data Collection Goes Online

The Inter-University Consortium for Political and Social Research (ICPSR) has released the National Archive of Computerized Data on Aging (NACDA), which can be found at www.icpsr.umich.edu/icpsrweb/NACDA. With funding from the National Institute on Aging, the ICPSR has the largest library of searchable electronic data in the U.S. addressing issues relating to aging. NACDA’s mission is to advance research on aging by helping researchers to profit from the under-exploited potential of a broad range of datasets.

Senate Committee Report Explores Potential Social Security Changes

The Senate Special Committee on Aging has released a new report, “Social Security Modernization: Options to Address Solvency and Benefit Adequacy,” which offers many potential options for change, including increasing the contribution rate, modifying the Social Security tax cap, extending Social Security to all workers, and raising the age for full retirement benefits. The full report can be downloaded from www.globalaging.org/pension/world/2010/socialsecurity.pdf.

Suicide Prevention Toolkit Aimed at Care Providers

Statistics show that adults age 65 and older have one of the highest suicide rates of any age group in the U.S. Promoting Mental Health and Preventing Suicide: A Toolkit for Senior Living Communities is a new resource from the Substance Abuse and
Mental Health Services Administration that teaches staff working in senior living communities how to recognize and take steps to help someone at risk for suicide. The ideas presented in this toolkit can help prevent suicides, promote mental health, and create environments that will enhance the well-being of residents and staff alike. To download the toolkit, visit download.ncadi.samhsa.gov/ken/pdf/SMA10-4515/guide_final.pdf.

Survey To Provide Feedback on Medicare-Certified Health Agencies
The Agency for Healthcare Research and Quality has released a new survey tool designed to measure patients' experiences with Medicare-certified home health agencies. It will be implemented by the Centers for Medicare and Medicaid Services on a voluntary national basis beginning in October 2010. The Consumer Assessment of Healthcare Providers and Systems Home Health Care Survey captures patients' perceptions on topics such as patient care, communication between providers and patients, specific care issues (e.g., medications, home safety, and pain), and overall rating of care. It is currently available in five languages: English, Spanish, Chinese, Russian, and Vietnamese. The survey is designed to create incentives for home health agencies to improve their care quality through public reporting of survey results; to hold health care providers accountable by informing the public about the providers' quality of care; and to produce standardized data on patients' perspectives of care. For more information, visit www.homehealthcahps.org.

Report Predicts Aging Society Will Drive Major Change
“New Realities of an Older America: Challenges, Changes and Questions” is a new report from the Stanford Center on Longevity that suggests the challenges of baby boomers reaching old age, combined with a growing, more diverse population, will drive major changes in U.S. families, workplaces, and communities. It states that the implications concern the entire society, and even though many of these changes could have been anticipated, the U.S. continues to rely on social and economic policies and practices designed for a relatively youthful population. This report frames the critical issues and underscores the urgency of effectively addressing the anticipated challenges with relevant public policies. To download this new resource, visit longevity.stanford.edu/node/1020.

More Older Adults Seeking Substance Abuse Treatment
Admissions for substance abuse treatment among those aged 50 and older have more than doubled, and their sociodemographic characteristics have changed significantly, between 1992 and 2008, according to a new report by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). “Sociodemographic Characteristics of Substance Abuse Treatment Admissions Aged 50 or Older: 1992 and 2008” is based on data from SAMHSA’s Treatment Episode Data Set — a reporting system involving treatment facilities from across the country. The findings indicate that sociodemographic factors such as unemployment, lack of income, and homelessness all increased among the treatment group during this period. The study also found that among those substance abuse treatment admissions aged 50 and older, unemployment rose from 19.4 percent in 1992 to nearly 31 percent in 2008; full-time employment declined from 23.4 percent in 1992 to 16.7 percent in 2008; wages/salary as a principle source of income dropped from 32.3 percent in 1992 to 24.4 percent in 2008; and the percentage reporting no principal source of income at the time of admission to substance abuse treatment more than doubled from 11 percent in 1992 to 28.8 percent in 2008. SAMHSA conducted the study as part of the agency’s strategic initiative on data, outcomes and quality, which is an effort to create integrated data systems that help inform policy makers and providers on behavioral health issues. The full report is available online at oas.samhsa.gov/2k10/240/240OlderAdm2k10.cfm.

Seniors Increasingly Using Social Media
The Pew Research Center’s Pew Internet & American Life Project has release a new report exploring social media use by older adults. While social media use has grown dramatically across all age groups, older users have been especially enthusiastic over the past year about embracing new networking tools. Social networking among internet users age 50 and older nearly doubled from 22 percent in April 2009 to 42 percent in May 2010. During the same period, social networking among internet users age 50 to 64 grew by 88 percent. Similarly, use among those age 65 and older grew 100 percent. By comparison, social networking among users ages 18 to 29 grew by 13 percent. The full report can be downloaded at www.pewinternet.org/Reports/2010/Older-Adults-and-Social-Media.aspx.

Brief Summarizes Future Social Security Finances
A new brief, “Social Security Finances: Findings of the 2010 Trustees Report,” is available from the National Academy of Social Insurance. It found that in January 2010, 52.7 million people, or about one in every six U.S. residents, received Social Security benefits. The benefits are financed by dedicated taxes on earnings paid by workers and employers, by income taxes that upper-income beneficiaries pay on parts of their Social Security benefits, and by interest earned on accumulated trust fund reserves. According to the 2010 Trustees Report, the Social Security trust funds will have an annual surplus of $77 billion in 2010. Annual surpluses are projected to continue for the next 15 years and reserves are projected to grow to $4,200 billion by the end of 2024. Beginning in 2025, reserves will start to be drawn down to pay benefits. In 2037, the reserves are projected to be depleted. At that time, tax income coming into the trust funds will cover about 78 percent of benefits due. The brief can be downloaded at www.nasi.org/research/2010/social-security-finances-findings-2010-trustees-report.
Design an original ad to promote tourism in New Orleans to Adults 50+!

**Ad Theme:** Welcome to New Orleans, Baby Boomers!

**Target Audience:** Adults age 50+

**Eligibility:** Must be enrolled full or part-time in an undergraduate or graduate program.

**Prizes:** Cash Prize—$500 first place, $250 second place—and free admission to Aging Means Business one-day forum in New Orleans on November 22, 2010.

For more details: [www.geron.org/student-ad-contest](http://www.geron.org/student-ad-contest)

**Deadline:** October 15, 2010
ESPO and the GSA Annual Scientific Meeting

Have you ever taken the time to consider what GSA’s Annual Scientific Meeting theme means for you and your work? It can be helpful to reflect on the theme of the annual GSA conference to prepare for sessions you will attend. The theme can serve as a guide to your thinking and can provide a framework for the plethora of knowledge that you will obtain at the conference. The theme also can provide insight to what it means to be an emerging scholar and professional in the expansive field of gerontology.

The theme of this year’s conference is “Transitions of Care Across the Aging Continuum,” which reminds me of when a professor challenged one of my family gerontology classes by asking us to identify when caring begins and ends in families. She was asking us to consider whether or not transitions into needing and providing care were clear-cut and well-defined over one’s life course. What we discovered was that care is not always given and received at discrete stages of one’s life. Rather, care happens continually throughout one’s life, especially in the context of families. Another way to think about this is that care is almost always present in one’s life, but what care looks like changes as individuals, families, and communities grow, develop, and mature.

I am certain that this year’s conference theme will encourage me to continue to grapple with how to conceptualize care in my research, practice, and everyday life as well as provide me some answers and tools along the way. Now it is your turn: what does the conference theme mean to you and your field of research, practice, and/or policy? Feel free to share your ideas on ESPO’s Facebook page! (Search for “GSA Emerging Scholar & Professional Organization” on facebook.com.)

The theme also can provide insight into what it means to be an emerging scholar and professional at the annual GSA conference. GSA and ESPO work hard to foster a nurturing, caring environment for emerging scholars and professionals. This could be thought of as a continuum of care by which GSA and ESPO seek to assist the professional growth and development of all of its members regardless of where they are in their careers.

ESPO has updated its “How To Navigate the GSA Annual Meeting” information sheet for 2010. It can be downloaded at www.geron.org/ESPO_Meeting_Primer_2010.pdf. This is a terrific resource for first-time attendees and those looking to plan their visit in advance. Additionally, ESPO is hosting several meetings and symposia that support the needs and development of ESPO members at this year’s conference:

- **Sunday, November 21**
  - **ESPO-Sponsored Health Sciences Symposium:** “Emerging Scholars in Health and Aging Research,” 8 to 9:30 a.m.
  - **ESPO-Sponsored Social Research, Policy, and Practice Symposium:** “Programmatic Approaches to Healthy Aging and Community Living,” 1:30 to 3 p.m.

- **Monday, November 22**
  - **Campus Ambassadors Meeting:** 7 to 8 a.m.
  - **ESPO-Sponsored Behavioral and Social Sciences Symposium:** “Correlates of Functional Disability in Older Adults: Implications for Minority Populations,” 9:30 to 11 a.m.
  - **ESPO-Sponsored Biological Sciences Symposium:** “Human Biogerontological Research: Results from ESPO Researchers,” 12 to 1:30 p.m.

The ESPO Lounge is also open from Saturday, November 20, to Monday, November 22, from 8 a.m. to 5 p.m. This a great place to relax and network with other ESPO members.

With only two months before the Annual Scientific Meeting begins, there are several activities that attendees should consider now. These include:

- **Volunteering:** You can receive complimentary conference registration in exchange for eight hours of your time at the GSA conference. Volunteering may include assisting at the registration desk, answering attendees’ questions, and supporting GSA staff. If you are interested in volunteering, please contact Jamie Millard at jmillard@tulane.edu.

- **Room Sharing:** You can search for a roommate by posting requests on the aforementioned Facebook page to find other ESPO members looking to minimize costs.

**Using the meeting planner:** All of the conference sessions can be found in the online meeting planner, which can be accessed at www.geron.org/2010. You can search and conference sessions by speaker, title, date, time, topic area, presenters’ last names, and keywords. This is a great way to plan your time at the conference and make sure you attend the sessions you have been wanting to attend.

Overall, the theme of transitions and the continuum of care can be used to inform your own work as well as your current position as an emerging scholar and professional. ESPO and GSA are gearing up for the annual conference and making this an excellent learning environment for all attendees. We look forward to seeing you there. After all, there is no better place to learn, socialize, and motivate your way to becoming a better gerontologist and experiencing GSA’s continuum of care. Look for next month’s ESPO column to receive additional information about the conference!
2011 SUMMER INSTITUTE ON AGING RESEARCH ANNUAL WORKSHOP

The National Institute on Aging (NIA) announces the annual Summer Institute on Aging Research, a weeklong workshop for investigators new to aging research, focused on current issues, research methodologies and funding opportunities. It is the original and premier short-term training Summer Institute for new investigators in aging research. The program includes consultations on the development of research interests. The 2011 Summer Institute will be held July 9 - 15 in Queenstown, MD. Support is available for travel and living expenses. Applications are due **March 4, 2011**. To increase the diversity of participants, investigators from racially and ethnically diverse backgrounds are strongly encouraged to apply. The applicant must be a U.S. citizen, non-citizen national or permanent resident.

For additional information and application form contact:

*Office of the Director*
*Office of Special Populations*
*National Institute on Aging*
*National Institutes of Health*
*Building 31, Room 5C-35*
*31 Center Drive MSC-2292*
*Bethesda, Maryland 20892-2292*
*Telephone: (301) 496-0765*
*Fax: (301) 496-2525*
*E-Mail: Taylor_Harden@nih.gov*

Or

*See the “News and Events - What’s New” section of the NIA WEB Page*

WEB SITE: http://www.nia.nih.gov

*National Institute on Aging*
*National Institutes of Health*

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Shenk Wins AGHE’s Friedsam Award
AGHE has chosen Dena Shenk, PhD, of the University of North Carolina (UNC) at Charlotte as the newest recipient of the Hiram J. Friedsam Mentorship Award. This distinguished honor, named for a former AGHE president and an outstanding mentor in gerontology, is given to an individual who has contributed to gerontological education through excellence in mentorship to students, faculty, and administrators. The award presentation will take place at AGHE’s 37th Annual Meeting and Educational Leadership Conference, which will be held from March 17 to 20, 2011, in Cincinnati, OH. Shenk, a cultural anthropologist who focuses on aging cross-culturally, is director of UNC Charlotte’s Gerontology Program. She has conducted research and program development and evaluation in Denmark, Costa Rica, Peru, and the U.S. Her research includes women and aging, direct care workers, communicating with and caring for people with dementia, and ethics in gerontology using narrative approaches and photography. Shenk is a fellow of AGHE and GSA.

Metlife Grant Expands MSTAR Program
The American Federation for Aging Research’s (AFAR) Medical Student Training in Aging Research (MSTAR) Program, which is dedicated to finding ways to attract more physicians to the field of geriatric medicine and research, has received a new $220,000 grant from the MetLife Foundation. These funds will allow the program to increase its medical student training by approximately 40 percent this year, bringing the number of students that will receive financial support through the program to 104. The major sponsors of MSTAR are the John A. Hartford Foundation, the MetLife Foundation and the National Institute on Aging (NIA). The MetLife Foundation grant will enable the medical students to participate in research, education, and clinical training programs in age-related health and diseases at NIA-funded national training centers and at some of the nation’s top-tier research facilities and academic institutions. The short-term scholarships, ranging from 8 to 12 weeks, provide students with monthly stipends of approximately $1,750. The program is intended to introduce medical students to the rapidly growing field of geriatric medicine, and to pique their interest in pursuing careers in age-related diseases and conditions. Since 1994, MSTAR has trained a total of 1,457 students from over 100 medical schools throughout the U.S.

Continued from page 1 - GSA Spurs Evolution of Care Coordination
The solutions discussed included implementing Centers for Medicare and Medicaid Services standards of competency for care coordination; revising codes of ethics for emerging care professionals to reinforce the necessity of adequate care coordination; allowing consumers to identify regulatory barriers; and developing consumer-specific tools and resources in partnership with local advocacy groups.

The summit, sponsored by sanofi-aventis, was organized so that the expert attendees could share key factors in proven evidence-based care models for older adults, and identify the gaps and barriers that impede effective implementation of such models on a larger scale.

The solutions discussed included implementing Centers for Medicare and Medicaid Services standards of competency for care coordination; revising codes of ethics for emerging care professionals to reinforce the necessity of adequate care coordination; allowing consumers to identify regulatory barriers; and developing consumer-specific tools and resources in partnership with local advocacy groups.

“GSA is the perfect organization to have this kind of complex, difficult, but fruitful conversation,” Miles said. “Its membership has always been interested in translating research into policy. They make it very clear they don’t advocate so much as they supply the information that everyone else needs to engage in their advocacy. And they are dedicated to finding the best solutions.”
The Betty Irene Moore School of Nursing seeks visionary nurse educators and researchers to join the founding faculty and help establish the innovative, new nursing school at UC Davis Health System in Sacramento, Calif. The founding faculty will have the unique opportunity to participate in the design, establishment and inception of a research agenda and an innovative curriculum to transform health care.

The Betty Irene Moore School of Nursing is founded on five core attributes:

- Interprofessional/Interdisciplinary Education
- Scholarship and Academic Excellence
- Cultural Awareness and Sensitivity
- Innovative Technology
- Leadership

The Betty Irene Moore School of Nursing is the newest addition to UC Davis. One of the nation’s top public research universities, UC Davis maintains a tradition of service to the region, the nation and the world. The 30,000-student UC Davis has its main campus in the college town of Davis, in the heart of the Sacramento Valley, near the state capital and San Francisco Bay Area. The Betty Irene Moore School of Nursing is part of UC Davis Health System – an integrated, academic health system encompassing UC Davis School of Medicine, the 613-bed-acute-care hospital and clinical services of UC Davis Medical Center and the 800-member physician group known as the UC Davis Medical Group – all located on the Sacramento campus near downtown.

Diverse in expertise but united in purpose, UC Davis faculty, staff and students collaborate daily to solve urgent real-world problems, translate research into practice and eliminate health disparities. Whether treating complex injuries, improving cancer care or explaining autism, UC Davis Health System’s unique combination of academic excellence and social responsibility advances health for all. The Betty Irene Moore School of Nursing joins distinguished programs that include: UC Davis Cancer Center, Center for Health and Technology, Clinical and Translational Science Center, Center for Reducing Health Disparities, UC Davis Children’s Hospital, the National Children’s Study Center at UC Davis, the Center for Health Policy and the UC Davis Alzheimer’s Disease Center.

The nursing school is seeking faculty emphasizing scholarship in the areas of health systems and population health. Health systems areas of focus include health policy, organizational change, informatics, implementation science and leadership. Research for population health includes community health, public health, epidemiology, gerontology, rural health and health disparities. Immediate full-time, academic positions are available at the assistant, associate or full professor-in-residence series for the doctorate, master’s and future baccalaureate degree programs.

Qualified candidates must possess a doctorate degree (Ph.D. preferred) in Nursing Science or related field with experience in curricula and educational program development, postdoctoral training or academic experience as well as teaching, research and scholarship with areas of special emphasis in health systems or population health preferred.

UC Davis is an affirmative action/equal opportunity employer with a strong institutional commitment to the achievement of diversity among its faculty, staff and students. View full position descriptions at http://nursing.ucdavis.edu/jobs.

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**Sociology & Gerontology: Assistant Professor** to teach at the graduate and undergraduate level and maintain an active research agenda; provide service to the University. **Require:** PhD completed by time of appointment; expertise in qualitative or mixed methods research to teach in social gerontology program; active research agenda and track record in, or clear potential for, securing external funding. Consideration will be given to applicants from a range of disciplinary backgrounds. **Desire:** teaching and/or research interests and experience in international/global aging.

For more information about the department visit www.units.muohio.edu/sociology/.

For more information about the Scripps Gerontology Center, visit www.Scrippsaging.org.

Send cover letter, curriculum vitae, evidence of teaching effectiveness and quality scholarship, and three letters of recommendation to Jean Lynch, Ph.D., Chair, Department of Sociology & Gerontology, Miami University, Oxford, Ohio 45056. Email submissions may be sent to lynchjm@muohio.edu. Contact phone number is 513/529-3437. Contact fax number is 513/529-8525. Screening of applications begins October 1, 2010 and will continue until the position is filled. Miami University is an EOE/AA employer with smoke-free campuses.

Women and minorities are encouraged to apply. For information regarding campus crime and safety, visit www.muohio.edu/righttoknow. Hard copy upon request.
Senior Population Grows as Number of Workers Shrinks Worldwide

Many countries are facing a shrinking pool of working-age populations — typically considered to be those between ages 15 and 64 — to support their populations aged 65 and over, which jeopardizes pension guarantees and long-term health care programs for the elderly. This information is reported in the Population Reference Bureau’s new 2010 World Population Data Sheet and its summary report, which offer detailed information on 19 population, health, and environment indicators for more than 200 countries. Worldwide in 1950, there were 12 individuals of working age for every person age 65 or older. By 2010, that number had shrunk to nine. By 2050, this elderly support ratio, which indicates levels of potential social support available for the elderly, is projected to drop to four. The global population rose to 6.9 billion in 2010, with nearly all of that growth taking place in the world’s developing countries. The world’s developed countries, totaling 1.2 billion people, saw their populations continue to age as the numbers of those of working age dwindled. For example, Japan has a total fertility rate of 1.4 children per woman, and an elderly support ratio of three — the lowest in the world, along with Germany and Italy. By 2050, Japan will have only one working-age adult for every elderly person; Germany and Italy each will have two. The 2010 World Population Data Sheet and related material are available online at www.prb.org/Publications/Datasheets/2010/2010wpds.aspx.

Canada To Utilize Foreign Nursing Workforce

The Xinhua News Agency has reported that the Canadian government is funding two projects that will help internationally trained nurses put their knowledge and skills to work within Canada. The College of Nurses of Ontario will receive over $776,000 (Canadian) in Foreign Credential Recognition Program funding for its Moving Ahead. The College of Nurses of Ontario will work with nursing regulators across Canada to harmonize national registration requirements for foreign-trained nurses, including language standards. The college also will collaborate with partners to develop a model for a future national assessment service. Additionally, a database of international nursing education programs will be established to provide for fairer and faster assessment of international education. Through Canada’s Economic Action Plan, the Canadian government is working with the provinces, territories, and other partners, such as employers, to address barriers to foreign credential recognition in Canada.

French Citizens Resist New Retirement Age

More than one million people went on strike and in the streets of France in early September to protest President Nicolas Sarkozy’s proposal to raise the legal retirement age, according to The Los Angeles Times. Polls show the majority of French citizens believe some modification is needed to fund their retirement, but most do not appear to support the current amendment, which also would increase the length of time people must work before they can receive full pensions. Sarkozy has remained firm on his vow to reform pensions in order to reduce a deficit worsened by the global economic crisis and an aging population.

Great Britain Copes with Senior Sexual Activity Increase

The Sydney Morning Herald has reported that older British citizens are being urged to practice safe sex. The U.K. health charity FPA has launched a national campaign using fashion advertisements from the 1960s and 1970s to encourage members of the baby boomer generation to use condoms. Recent figures from Britain’s Health Protection Agency show a rise in people in their 50s, 60s, 70s and 80s having sex with new partners over the past 10 years. That trend has led to an increase in sexually transmitted infections in those age groups. People between ages 45 and 64 had the biggest rise in syphilis, herpes, chlamydia, and genital warts between 2000 and 2009. They also had the second largest rise in gonorrhea cases, beaten only by those in the over-65 age category.

Continued from page 1 - New Orleans Recovery

disabilities, and families with children who cannot afford to hire contractors. As of 2010, more than 850 local families are still living in FEMA trailers and more than 6,000 homeowners cannot afford to rebuild their homes, according to the St. Bernard Project. To date, the repair efforts have restored 290 homes.

GSA member Patrick Doyle, MA, a veteran of the first two GSA service events, said he was looking forward to participating again this year.

“I feel that as a group we are able to help people in the communities that graciously host our conference. I hope that many GSA attendees will join us in rebuilding the structures that are integral to sustaining New Orleans’ vibrant culture,” he said.

The work site is located approximately eight miles from the Hilton New Orleans Riverside, where the meeting will take place. Canham said individuals of all skill levels are encouraged to sign up. The specific jobs may include hanging insulation or sheetrock, mudding or spackling, sanding, texturing, priming, painting, laying floors, and/or hanging trim, doors, and baseboards. The organizers said they would particularly welcome people with experience in the areas of framing, electrical work, plumbing, or cabinetry. Work clothes and gloves are recommended.

The fee to participate is $15 and includes breakfast, lunch, and transportation. The team will meet at 7:30 a.m. at the Hilton and work on-site until 4:30 p.m.

The Annual Scientific Meeting registration form, which includes an option to sign up for the Gerontologists Giving Back Service Event, is available at www.geron.org/2010. Existing registrations also can be updated by using this link. For further information, please contact Canham at scanham1@umbc.edu.
The Department of Psychosocial & Community Health invites applications and nominations for: Assistant Professor for two open full-time (100% FTE) tenure-eligible positions for a service period of 9 months per year. Experience is desired in research, clinical practice and/or teaching. Essential to have a strong commitment to research with the potential to establish and maintain a funded line of scientific study, publish in nationally recognized journals and/or teach related courses. Mentoring and other resources are available to support career development.

**Assistant Professor position - Psychiatric nursing with a specialty in geriatric mental health (AA#2609):** Research is an important element of our work to promote mental and physical health hand minimize psychiatric disability. **Qualifications:** PhD in Nursing or related discipline, Registered Nurse (RN) license required, and ANCC certified as a Psychiatric Mental Health Nurse Practitioner in Adult or Family or eligible for ANCC certification.

**Assistant Professor position - Community health nursing (AA#2610):**
The department is especially interested in candidates with the following areas of research interest: underserved/understudied populations, health equity, health policy, chronic conditions, aging, global health, environmental health, community-focused prevention science and research, public health informatics, translational research, and evaluation research. **Qualifications:** PhD in Nursing or related discipline and Registered Nurse (RN) license required.

Department of Psychosocial & Community Health (PCH)
PCH represents a multicultural faculty and strongly encourages applications from diverse candidates. The department engages in collaborative endeavors across three specialty areas: Psychosocial Nursing, Community Health and Primary Care. PCH promotes the advancement of nursing science within an interdisciplinary context focusing particularly on social and health disparities, psychosocio-cultural aspects of health, health care, cross-cultural and global health issues. PCH participates in community relationships to facilitate blending practice and research interests.

The University of Washington School of Nursing is one of the highest ranked nursing schools in the country for both research and teaching. Please visit the School of Nursing website: [http://www.son.washington.edu](http://www.son.washington.edu) for additional information.

Applications are currently being accepted and will continue until the position is filled. Please send letter of interest and CV, preferably by email, in strict confidence to: Drs. Karen Scheppe and Rebecca Logdson, Faculty Search Committee Co-Chairs, Department of Psychosocial & Community Health, School of Nursing, Box 357263, University of Washington Seattle, WA 98195-7263, Email: pchapps@uw.edu. The University of Washington is an affirmative action, equal opportunity employer. This position is contingent upon available funding.

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**Society for Ambulatory Assessment Conference**

**Assessing Real-World Impact of Clinical Interventions and Outcomes:**

**The Science of Ambulatory Assessment**

**Friday, June 24 - Sunday, June 26, 2011**

**University of Michigan, Ann Arbor, MI**

For full conference details, visit: [saa2011.org](http://saa2011.org)

**CALL FOR ABSTRACTS**

Abstracts are due December 1, 2010.

Guidelines/submission information is available at: saa2011.org

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**Advertise with Us!**

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

See the current rates on GSA’s website, [www.geron.org](http://www.geron.org) under the "Support Us" tab.
Tel Aviv University Announces Million Dollar Prize to the Field of Aging

The Dan David Prize, sponsored annually by Tel Aviv University, covers three time dimensions — past, present and future — that represent realms of human achievement. A prize of one million U.S. dollars is granted annually in the fields chosen for each time dimension. The 2011 Dan David Prize for the future time dimension will be awarded to an individual(s) who has contributed significantly to the elucidation of the aging process and to the application of this understanding for the benefit of mankind. Visit www.dandavidprize.org to learn more. The application deadline is November 30.

OppNet To Fund Interdisciplinary Research Conferences

The National Institutes of Health’s Basic Behavioral and Social Science Opportunity Network is seeking research conference grant applications for scientific meetings aimed at building interdisciplinary research teams in basic behavioral and social science research (b-BSSR). Applicants must propose developmental activities that will build the capacity of interdisciplinary teams to accelerate, expand, and/or strengthen fundamental knowledge in b-BSSR as relevant to the nation’s health and well-being. Investigators may submit applications to support multiple meetings over a period of up to two years. OppNet intends to commit approximately $325,000 in total costs in 2011 to fund four to six new grants. Letters of intent are due by November 14, and applications are due by December 14. Visit grants.nih.gov/grants/guide/rfa-files/RFA-CA-10-017.html for complete details.

Federal Grants Slated To Explore Well-Being

The National Institute on Aging and the National Center for Complementary and Alternative Medicine are soliciting grant applications from institutions/organizations that propose to advance the application of well-being measurement to the integrated study of experienced and evaluative well-being in aging-relevant contexts. The agencies welcome applications from interdisciplinary teams to explore which aspects of experienced and evaluative well-being, time use, and context promote or impede healthy aging; to enhance measurement of these factors in both laboratory and survey environments; and to identify modifiable factors in individuals or societies that might be potential targets for intervention. The National Institute on Aging intends to commit $5,000,000 in total costs and the National Center for Complementary and Alternative Medicine intends to commit $1,000,000 in total costs over the project period. Three to six awards are expected to be made in 2011. For further details, visit grants.nih.gov/grants/guide/rfa-files/RFA-AG-11-003.html. The application deadline is November 3.

Brookdale Foundation Program Aims To Bolster Surrogate Parents

The Brookdale Foundation’s Relatives as Parents Program is designed to encourage and promote the creation or expansion of services for grandparents and other relatives who have taken on the responsibility of surrogate parenting due to the absence of parents. The program awards seed grants of $10,000 over two-year periods in three categories: local, regional, and state public agencies. The Brookdale Foundation currently is soliciting applications for the 2011 round of funding. The deadline for the submission of local and regional proposals is Thursday, December 2; the deadline for state proposals is Thursday, January 6, 2011. Selected applicants will be required to attend Brookdale’s National Orientation and Training Conference from April 29 to May 1, 2011, in Denver, CO. Visit brookdalefoundation.org/RAPP/rapp.html for more information.
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For the past 65 years, GSA has been committed to providing resources and opportunities for its members. Looking towards the future, GSA is proud to continue supporting its members and providing a home for all gerontologists worldwide.

Celebrating 65 years of excellence, GSA is stronger than ever.

To commemorate the organization’s 65th anniversary, the Give65 Campaign, a landmark fundraising initiative, has been launched. Learn more at www.geron.org/give65.