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Reserve Your Section Luncheon Meal Today!
At the upcoming Annual Scientific Meeting in Boston, join colleagues at your Section Business Meeting and Award Presentation on November 20 to honor new awardees and learn about new developments specific to your GSA section. Act now to secure a ticket for the luncheon, which is available for a nominal fee of $10. Limited general seating will be available for those who do not wish to eat. The meeting registration form, accessible through www.geron.org/annualmeeting, includes an option to sign up for the meal. (Existing registrations also can be updated.)

Meeting’s Hotel Discounts End Soon
GSA Annual Scientific Meeting attendees have until October 21 to take advantage of reduced room rates at the Sheraton Boston Hotel and Westin Copley Place. Both properties are connected via walkway to the John B. Hynes Veterans Memorial Convention Center, where the majority of sessions will take place. GSA recognizes that you have a variety of choices when arranging accommodations for the Annual Scientific Meeting. The Society has made a major commitment to the conference hotels in order to secure the meeting space necessary to hold the scientific sessions. Please select from one of these official hotels when planning your accommodations. Take advantage of the discounted rates at www.geron.org/annualmeeting.

DC Briefing Sheds Light on Poor Seniors’ Employment Struggles

An expert panel speaking on Capitol Hill on September 16 demonstrated that the Great Recession has had a disproportionately negative impact on low-income older workers, although programs such as the federal Senior Community Service Employment Program (SCSEP) have managed to provide some valuable benefits to this disadvantaged demographic group.

The congressional briefing — held on the eve of National Employ Older Workers Week — was titled, “Older Workers: Multiple Returns on Our Public Investment.” It was sponsored by GSA and the American Society on Aging, and supported by Senior Service America, Inc. (SSAI). This event preceded the release of GSA’s new research brief, “America’s Job Crisis: Low-Income Seniors Hit Hardest.”

“Our nation can ill afford to overlook the record levels of joblessness among older Americans,” said Tony Sarmiento, the executive director of SSAI and chair-elect of GSA’s Public Policy Committee. “Providing jobs and training, especially to those with less income and education, helps older adults stay healthy and independent as well as helps meet our nation’s workforce demands.”

The unemployment rate for low-income older workers tripled during the last decade, rising from 6.7 percent in 2000 to 20.9 percent in 2010, according to Andrew Sum, the director of the Center for Labor Market Studies at Northeastern University, who spoke at the briefing. His work features prominently in the new research brief. Sum’s figures refer to the number of people aged 55 to 74 with a total household income under $20,000, and do not include those working part time but desiring full-time jobs, those working at...

Sponsors Enable Robust Meeting Content

GSA has received over $50,000 in combined funding to support program content for the upcoming Annual Scientific Meeting in Boston. These contributions will provide resources for sessions covering several disciplines, with the Biological Sciences Section receiving the largest share.

“These investments demonstrate that GSA is seen as the ideal venue for the presentation of new aging research,” said GSA Deputy Executive Director Linda Harootyan, MSW. “The Society extends its appreciation to the funders who have allowed us to enrich our meeting program.”

Sponsorships and grant funds for Biological Sciences Section programming were received from the Glenn Foundation for Medical Research, the National Institute on Aging, the Ellison Medical Foundation, the American Federation for Aging Research, and Age UK. These sessions can be viewed at www.geron.org/biologicalseries2011. Among the topics to be covered are the role of the gastrointestinal system in the aging process; the benefit of antioxidant supplements; the current state of calorie restriction research; the effects of obesity on the lifespan; and the importance of proper nutrition.

Age UK’s sponsorship covers two additional sessions. During “Life Course Determinants of Physical, Cognitive, and Emotional Functioning: The HALCyon and IALSA Collaboration,” European and North American presenters will...
GSA Collaborations Add Value to Boston’s Meeting Program

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

With GSA’s Annual Scientific Meeting only a month away, many members already are planning their schedules. The full lineup of sessions can be viewed using our meeting planner at www.geron.org/annualmeeting. Among the many partnering organizations joining GSA in Boston, there are two that have teamed up with us to produce some unique events on Monday, November 21.

At 1 p.m., we will welcome representatives from the X PRIZE Foundation for a symposium on the genetics of exceptional longevity. GSA members Thomas Perls, MD, and Nir Barzilai, MD are the chair and co-chair, respectively; former GSA President George Martin, MD, and Journal of Gerontology: Medical Sciences editor Luigi Ferrucci, MD, PhD, will serve as co-discussants. The X PRIZE Foundation is a non-profit organization that holds high-profile competitions to encourage technological development. You may remember one of its previous endeavors, which awarded $10 million to develop a privately owned, reusable spacecraft.

This time, the focus is on producing a standard for medical grade whole-genome sequencing. The $10 million Archon Genomics X PRIZE Presented by Medco will be awarded to the first team to build a device and prove it can sequence 100 whole human genomes within 30 days or less, with an accuracy of no more than one error in every 100,000 bases sequenced, with sequences accurately covering at least 98 percent of the genome, and at a recurring cost of no more than $5,000 per genome.

This particular project is of special interest to gerontologists. The 100 genomes to be sequenced will be donated by a group of centenarians from around the world. The resulting data will be made publicly available following the end of the competition in February 2013. As the November symposium will point out, research indicates that the genome of subjects with exceptional longevity is significantly different than those who die at a younger age. This competition represents an important step in decoding the secrets to a long and healthy life. Furthermore, the foundation will be making an announcement at our meeting about a new project involving these centenarians that will result in another valuable resource for gerontological researchers. The presenters also will provide information on the recently launched Life@100+, an online social media platform focused on the world’s population of centenarians.

At 5 p.m. on Monday, meeting attendees are invited to a special session featuring U.S. Assistant Secretary for Aging Kathy Greenlee, JD. This will be the finale of the first-ever National Council on Aging (NCOA) Day at GSA’s meeting, which was organized with the help of GSA President-Elect Nancy Whitelaw, PhD. Nancy is NCOA’s senior fellow within its Center for Healthy Aging. The main portion of NCOA Day is a separate event open to paid registrants. (Visit www.ncoa.org/calendar-of-events/the-crossroads-of-research.html for more details.) However, this joint session is open to all GSA attendees and will provide a venue for both organizations’ constituencies to interact.

Greenlee will be joined by NCOA President and CEO James Firman, EdD, for a conversation titled, “The Crossroads of Research, Policy, and Practice: The Future of the Older Americans Act and Title IV Programs for Vulnerable Older Adults.” After discussing recent policy initiatives and the importance of collaboration among research, policy and practice, they will engage in a question and answer session with the audience.

It’s very exciting to have a growing number of organizations — including those mentioned above and on the front page — see GSA as a valuable ally in advancing the aging enterprise. We will continue to keep you informed about the benefits these partnerships can bring to our members and the field of gerontology.

James
Wykle Inducted into Nursing Hall of Fame

GSA Fellow May L. Wykle, PhD, RN, FAAN, the Marvin E. and Ruth Durr Denekas Professor and the dean of the Frances Payne Bolton School of Nursing at Case Western Reserve University, has been inducted into the Sigma Theta Tau International Nurse Researcher Hall of Fame. She was among 15 exemplars from the field of nursing to receive the honor during the Sigma Theta Tau International’s 22nd International Nurse Research Congress in July. During her career, Wykle has participated in a 1986 Congress-commissioned study on nursing homes, directed a five-year Robert Wood Johnson Foundation teaching nursing home project, and in 1993 was called to serve on the White House Conference on Aging. She has been a Pope Eminent Scholar at the Rosalynn Carter Institute of Human Development at Georgia Southwestern State University and later a member of the institute’s board.

Claver Earns Birren Award

Maria Claver, PhD, an assistant professor of gerontology at California State University, Long Beach, was recently honored as the 2011 recipient of the Betty and James E. Birren Emerging Leadership Award by the California Council on Gerontology and Geriatrics. This honor — named after the former GSA president and his wife — notes outstanding achievements of individuals during the early-to-middle stages of their careers as they actively promote the advancement of gerontology and/or geriatrics as fields of study in California. Claver has previously received, from the university, a Distinguished Faculty Scholarly and Creative Achievement Award, a curricular development award through the Uldeja Center for Ethical Leadership to develop curriculum about ethics, and awards from the Center for Community Engagement.

Naylor Takes Trustee Spot on ABIM Foundation Board

The ABIM Foundation has named Mary D. Naylor, PhD, RN, to its Board of Trustees, effective July 1. She is the Marian S. Ware Professor in Gerontology and director of the NewCourtland Center for Transitions and Health at the University of Pennsylvania School of Nursing. In 2005, she was elected to the National Academy of Sciences within the Institute of Medicine. In 2009, she received the Episteme Award from the Baxter International Foundation, in recognition of her team’s efforts to test, refine, translate, and scale the Transitional Care Model, an innovative approach proven to improve care and outcomes and decrease costs for high-risk chronically ill older adults and their family caregivers. Naylor earned her master’s degree in nursing and PhD from the University of Pennsylvania. She is the national program director for the Robert Wood Johnson Foundation’s Interdisciplinary Nursing Quality Research Initiative, a member of the RAND Health Board and the National Quality Forum Board of Directors, and serves as chair of the board of the Long-Term Quality Alliance. In 2010, she was appointed to the Medicare Payment Advisory Commission.
Natural Disasters Overshadow Disastrous Debt Limit Deal

After a summer of waiting, closed-door talks, and a failed eleventh hour Gang of Six proposal, the deadline for a debt ceiling agreement arrived only to be followed by an east coast earthquake and Hurricane Irene. The August 2 “debt deal” (more of a congressional agreement to agree eventually) introduced a new team of deficit negotiators and kicked off an autumn in Washington where the focus continues to be on spending cuts.

It is tempting to dismiss the Joint Select Committee on Deficit Reduction (aka the “super committee”) as the latest seat-fillers in a seemingly never-ending roundtable of futile debt commissions, but provisions in the deal give this new body the authority and responsibility previous committees lacked. The task before the joint committee, coupled with the background and ideology of its members, creates an environment for an agreement that could either be hugely successful or another failure.

The Joint Committee: What the Law Requires

President Barack Obama signed the Budget Control Act of 2011, also known as the debt ceiling deal, into law on August 2. The measure requires the congressional leadership to create a 12-member, bicameral, bipartisan committee on deficit reduction. This joint committee is required to draft a plan to reduce the federal deficit by $1.2 trillion in the next ten years. The committee must present the plan to Congress by November 23, so that legislators can vote on the proposal by December 23, 2011.

This joint committee is certainly not the first group to draft a plan for long-term reductions to the federal deficit. In the past year there have been three high profile attempts: Obama appointed the National Commission on Fiscal Responsibility (chaired by Erskine Bowles and former Senator Alan Simpson); the budget committee led by Vice President Joe Biden; and the Gang of Six in the Senate. Despite the excitement or criticism directed at each proposal, none of these plans ever progressed to Congress for a vote. This is largely due to the fact that there was never any enforcement mechanism requiring Congress to vote on these proposals.

If at least seven joint committee members approve a proposal by November 23, the committee will quickly turn the proposal into legislation and it will be fast-tracked for a vote in the House and Senate by December 23.

The consequence of the failure of the super committee or the Congress will result in a mechanism known as sequestration. This means that there is no enforcement mechanism for this new body to the authority and responsibility previous committees lacked. The task before the joint committee, coupled with the background and ideology of its members, creates an environment for an agreement that could either be hugely successful or another failure.

The Joint Committee: The Membership

Under the law, congressional leaders were required to select three members of their respective caucuses to serve on the committee. The draft began on August 9 when Senate Majority Leader Harry Reid (D-NV) made the first pick and appointed Senators John Kerry (D-MA), Max Baucus (D-MT), and Patty Murray (D-WA). Senate Minority Leader Mitch McConnell (R-KY) and Speaker of the House John Boehner (R-OH) announced their selections the next day, appointing Senators Pat Toomey (R-PA), Rob Portman (R-OH), and Jon Kyl (R-AZ), and Representatives Jeb Hensarling (R-TX), Dave Camp (R-MI) and Fred Upton (R-MI). House Minority Leader Nancy Pelosi (D-CA) rounded out the twelve, when she selected Representatives Xavier Becerra (D-CA), Jim Clyburn (D-SC), and Chris Van Hollen (D-MD). Hensarling and Murray will co-chair the committee.

The leaders selected party loyalists, creating a challenging environment for negotiation. However, most of the committee members are veteran lawmakers with a background in tax and health policy; both a key focus of debate in the next few months. Seven of the twelve members already served on a budget commission in the past year. Baucus, Becerra, Camp, and Hensarling all served on the Bowles/Simpson commission, and all voted against the final plan. Also among the 12 are the chairs of the House Ways and Means and Energy and Commerce Committees, and the Senate Finance and Veterans Affairs Committees. Each of these have jurisdiction over issues of importance to older Americans. Also, the appointment of Camp and Baucus, chairs of the House Ways and Means Committee and Senate Finance Committee, respectively, demonstrates a high likelihood of tax changes.

Potential Implications for Aging Policy

Should the members agree to a proposal they can sell to their caucuses, the next few years could usher in extraordinary changes to health and aging policy. The joint committee will be looking at ways to reform mandatory and discretionary spending. Mandatory spending encompasses the programs that the government is required to spend money on under the law. Most mandatory spending consists of entitlement programs, such as Social Security, Medicare, and Medicaid. Discretionary spending requires annual appropriations bills, and the amount of money discretionary programs receive is determined each year by Congress. For example, Older Americans Act and Health Resources and Services Administration programs receive discretionary funding.
Mandatory spending

On the mandatory spending side, policy analysts are looking at the committee members and previous budget commission ideas to get a picture of how this committee could change mandatory spending. Some examples include:

• Cracking down on Medicare fraud and abuse
• Raising the Medicare eligibility age
• Charging higher co-payments to skilled nursing facilities and home health care
• Premium supports for Medicare
• Medicaid block grants
• A “blended rate” for the federal match for Medicaid
• Repealing the CLASS Act

Some of these mandatory spending proposals are so polarizing that it is unlikely they will become law. However, the relatively moderate reforms could gain traction with the committee. For example, House Republicans propose reforming Medicare by turning it into a premium supports, or voucher, program. Under this model, the federal government would pay Medicare beneficiaries a set amount, and beneficiaries would purchase health insurance on their own. While Democrats staunchly oppose this proposal, the Bowles/Simpson commission recommended testing premium supports with a small population, like health insurance for federal employees. This is an idea that may be debated by the joint committee.

Like premium supports, the Republican proposal of converting federal funding for Medicaid to a block grant will face ardent opposition from committee Democrats. However, the Obama administration has proposed a more moderate reform to federal funding for Medicaid. Currently, the federal government matches each state’s Medicaid costs at a certain percent using a formula based on a state’s per capita income. The rate varies for different services and populations, e.g., children’s health insurance versus long-term care. With a blended rate, each state would have one percentage for all of its Medicaid funding. While some argue this one percentage will result in an overall decrease in federal funding for Medicaid, it may gain support in the cost-conscious joint committee.

Discretionary Spending

With discretionary spending, the predictions of the joint committee are more of a guessing game. The Budget Control Act already established some limitations on discretionary spending by setting caps for spending through 2021. The caps mean that Congress has already decided how much money can be devoted to discretionary spending for the next 10 years. For example, in 2012, $1.043 trillion is set for discretionary spending and $1.047 trillion for 2013. That amount will grow by about two percent each year after, reaching $1.234 trillion in 2021. For the first two years, separate caps for security (Department of Defense, Department of Homeland Security, and the Department of Veterans Affairs) and non-security spending are in effect; from 2014 on, only one cap will apply to total discretionary spending.

Option B: Better off with Sequestration?

If the joint committee, or Congress, fails to approve a proposal to reduce the deficit by $1.2 trillion, or if the president vetoes the legislation, then the sequestration process of automatic, across-the-board cuts will be triggered. The sequestration-induced cuts would take effect in January 2013. Defense programs would be cut by $55 billion each year from 2013 through 2021, and non-defense programs would be cut by the same amount. The $55 billion in non-defense spending cuts comes from both mandatory and discretionary spending.

For mandatory spending programs, the cuts will occur automatically each fiscal year. Medicare will face an automatic two percent reduction to provider payments. However, Social Security, Medicaid, veterans benefits, and several other social insurance programs will be exempt. The Center for Budget and Policy Priorities (CBPP) estimates the total reduction to mandatory funding would be about $17 billion per year.

On the discretionary spending side, the automatic cuts would be in addition to the reductions generated by the caps that are already in place for discretionary spending. The CBPP estimates this will be about $38 billion per year. The appropriations committees will decide how to allocate the remaining funds. The reductions could severely impact the National Institutes of Health, the National Institute on Aging, Health Resources and Services Administration (i.e., the geriatric education centers), and other programs that are funded through the Labor/Health and Human Services appropriations bill.

Policy analysts are now discussing which would be the lesser of two evils: the unknown result of the super committee’s deliberations or the more straight forward result of an across-the-board cut brought on by sequestration. As health policy expert Chris Jennings pointed out in an opinion published in the New England Journal of Medicine on August 31, “…when they study the possible scenarios, health care stakeholders are beginning to conclude that any plan agreed on by the super committee would result in larger aggregate cuts and would have a greater negative impact.” However, sequestration could be worse for programs dependant on discretionary spending. (To read this thought-provoking analysis, visit healthpolicyandreform.nejm.org/?p=15246.)

Conclusion

These are tough times for health care and aging advocates, but we are not alone. The struggling economy, limited resources, and the choice of super committee cuts versus sequestration will place many important programs and their advocates in competition. Once again, GSA will call on you to help make the best case for the programs that support your work and serve older adults.
Numerous sessions that demonstrate GSA's mentoring and networking potential are slated for the 64th Annual Scientific Meeting in Boston. Visit www.geron.org/annualmeeting to view the full program schedule.

New Member Meet and Greet
Saturday, November 19 • 7 to 8 a.m.
GSA's leadership will be on hand to discuss navigating the meeting, various networking opportunities, and how to become involved in the Society.

GSA Fellows Mentor Program
Saturday, November 19 • 7 to 8:30 a.m.
This program was developed to provide an opportunity for GSA's junior members to connect with established members in a setting that is conducive to mentoring. Twenty mentees will be matched based on their section membership and interests with selected mentors. For more information, please contact Hiroshi Saito at hiroshi.saito@uky.edu.

ESPO Breakfast and Community Meeting
Saturday, November 19 • 8 to 10 a.m.
All ESPO members are invited to learn about ways to become more involved in the organization, meet the executive committee members, and network with colleagues.

ESPO Lounge
Saturday, November 19 to Monday, November 21 • 8 a.m. to 5 p.m.
This will be a place where students and emerging professionals can come to meet peers, learn about new opportunities, help each other navigate through the many scheduled events, and feel a part of the larger conference.

Mentoring Consultancies
Saturday, November 19 • 3:30 to 5 p.m.
These sessions bring students and junior faculty members together with senior faculty and experienced researchers. They provide an opportunity to both give and receive expertise on real-life publication or methodological problems faced by many gerontologists beginning their careers. Please contact Judie Lieu at jlieu@geron.org for further information.

Task Force on Minority Issues Award Presentation and Reception
Saturday, November 19 • 5:30 to 7 p.m.
All members are invited to this event, which honors the 2011 winner of the Task Force on Minority Issues in Gerontology Outstanding Mentorship Award.

Interest Group Meetings
Saturday, November 19 • 5:30 to 7 p.m.
Sunday, November 20 • 7 to 8:30 p.m.
Monday, November 21 • 7 to 8:30 p.m.
These meetings provide excellent networking opportunities and a chance to talk informally with colleagues. Interest groups are formed around a topic or issue that cuts across disciplines and sections of the Society. The Program Book will contain a full list of groups and meeting times.

GSA Fellows & International Reception
Saturday, November 19 • 6:30 to 8 p.m.
This reception is held annually to honor current and new GSA fellows, as well as international members of the Society. (Open to fellows and international attendees only.)

Emerging Scholar and Professional Organization Wine and Cheese/Fellows Meet the Students
Saturday, November 19 • 7:30 to 9 p.m.
This event is organized in conjunction with the Association for Gerontology in Higher Education and provides an informal setting to network with other ESPO members as well as GSA fellows. The reception is open to ESPO members and GSA fellows only.

Fun Walk & Run
Sunday, November 20 • 6 to 7 a.m. (Fee: $25)
In partnership with the Health Sciences Section (to benefit the Doris Schwartz Gerontological Nursing Research Award), runners, joggers, and walkers of all skill levels are invited to participate in a fun-filled morning along the beautiful Charles River. This event will start and finish from the Sheraton Boston Hotel and will follow a 4 mile (or 5 mile alternate) scenic route through some of Boston's historic sights, streets, and bridges.

BSS Fellows/Emerging Scholars Mentoring Workshop
Sunday, November 20 • 8:30 to 10 a.m.
The goal of this mentoring workshop is to provide an informal, yet structured social setting that affords emerging scholars an opportunity to meet Behavioral and Social Sciences Section fellows and establish professional contacts.

GSA Section Business Meetings and Award Presentations
Sunday, November 20 • 11:30 a.m. to 12:30 p.m. (Fee: $10)
All GSA members are invited to attend their respective section meetings, which will feature award presentations, activity reports, and recognition of new GSA fellows. The $10 fee covers the cost of the luncheon; limited general seating will be available for those who do not wish to purchase a meal.

Humanities and the Arts Committee Open Meeting
Sunday, November 20 • 6:30 to 8 p.m.
This meeting and reception will allow attendees to mix and mingle with committee members and others who share and interest in the humanities, arts, and aging.
Aging Authorities Differ on Tweaks to Social Security’s Benefit Structure

Experts agree that financial constraints and an aging population will require America to modify its Social Security system, but some also find that pushing back the eligibility age could be a major concern for those who rely on the program the most. The consequences — both positive and negative — of making the country’s seniors wait to start claiming benefits are presented in the latest installment of the Public Policy & Report (PPAR) from the National Academy on an Aging Society, GSA’s policy institute.

The articles in the new PPAR, titled “To Raise or not To Raise: The Social Security Retirement Age,” reflect the interdisciplinary strengths of GSA’s membership; the authors offer the perspectives of biologists, social scientists, women, and other minorities.

“Older workers say they want and expect to work in retirement, and the proportion remaining in the labor force at older ages has been growing,” said GSA Public Policy Chair Sara Rix, PhD. “Workers are not, however, necessarily enthusiastic about being required to wait longer to receive their full Social Security benefits, a fact that policymakers will want to keep in mind as they grapple with the pros and cons of raising the retirement age.”

The earliest age at which an individual can claim Social Security benefits is now 62. Those born after 1960 can receive full benefits at age 67. Since the program began in 1935, the average life expectancy in the U.S. has increased by almost 16 years, with life expectancy at age 65 increasing by nearly five years. Similarly, the PPAR points out that the share of seniors reporting themselves in poor health has also dropped over the past several decades. One article in the issue demonstrates that delaying retirement can have physical and financial benefits, pointing to studies that show that working longer can reduce morbidity and improve health. When people work longer, they generate additional payroll and income tax revenue and reduce the Social Security deficit.

“Fostering longer work lives can be a win-win situation for workers, employers, and the economy,” Rix said. “However, raising the age of eligibility for Social Security would be a benefit cut with a disproportionate impact on some of society’s most vulnerable older workers.”

The PPAR finds that increasing the normal retirement age could be detrimental to a number of women, minorities, and low-income workers, especially if their occupations become too physically demanding in old age. In addition, the system may prove unfair to African Americans who typically have shorter lifespans than Hispanics and non-Hispanic whites, and who thus would pay years into a system from which they might not benefit for as long.

This issue of PPAR can be purchased at www.geron.org/bookstore.

GSA Sets Focus on Optimizing Older Adults’ Pain Care

To highlight Pain Awareness Month in September, GSA announced two forthcoming publications focused on pain relief and medication for seniors.

Paired with its other recent research findings, GSA aims to provide readers with information on how new advances in pain prevention, treatment, and management may improve care and quality of life for older adults.

Both new publications will be part of GSA’s From Publication to Practice series, which aims to promote the translation of research into meaningful health outcomes. They are slated to be released in November 2011.

One of the installments, “An Interdisciplinary Look at Advancing Pain Research, Care, and Education,” will be supported by Purdue Pharma, L.P. It will address shortfalls in pain assessment and treatment for older adults with pain. This resource largely will be based on a recent Institute of Medicine report, “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research.”

The other new issue, “An Interdisciplinary Look at Labeling Changes for Acetaminophen and the Implications for Patient Care,” will be supported by McNeil Consumer Healthcare. In response to several recent significant modifications to the recommended dosage for acetaminophen, it is being produced in order to ensure that clinicians and aging network professionals are aware of these developments and the subsequent implications for patient care.

These publications join a collection of research that GSA has published within the last year on the subject of pain.

For example, the latest edition of the organization’s WHAT’S HOT newsletter demonstrated that improved management of chronic pain can significantly reduce disability in older adults. This issue examines the impact of pain in older adults, strategies for managing pain and preserving function, and methods to improve the assessment and management of pain for residents in long-term care facilities, including those who have dementia. The newsletter points out that pain is a signal that something is wrong, and that reports of pain should not be dismissed simply because the patient is older.

Furthermore, a January 2011 article in the Journals of Gerontology Series A: Biological Sciences and Medical Sciences points out that musculoskeletal pain is associated increased mobility disability in older people. A September 2010 study in the same journal found that seniors with moderate to severe musculoskeletal pain had more than twice the risk for impaired balance compared with those without pain.
This is my first report on GSA’s finances since I took office as treasurer at the 2010 Annual Scientific Meeting. Even in the middle of this volatile time of market performance, I’m fortunate to be able to provide you with a positive picture of the financial health of the organization.

While I have the opportunity to share this good fiscal news, I must offer many thanks to Sandy Reynolds, who served as GSA treasurer for six years. Sandy’s leadership and stewardship were pivotal in producing such good results!

A Profitable 2010

A major part of our story is the 2010 audit that concluded mid-summer and was accepted by GSA’s Executive Committee on August 9. Although original projections indicated that the organization would show a $196,000 deficit for the year, several factors had a positive impact on both revenues and expenses, and GSA finished the 2010 year $145,322 in the black! The changes to year-end figure included:

- Investment gains totaling $101,576, which were $51,576 above budget
- A higher-than-expected number of Annual Scientific Meeting attendees, resulting in registrations totaling $884,463, which were $50,531 above budget
- Contributions to GSA’s Innovation Fund totaling $71,122, which were $6,122 beyond our goal
- Annual Scientific Meeting sponsorships totaling $205,300, which were $17,800 above budget

We are especially grateful for members’ support of the GSA Innovation Fund, which launched last year during the Society’s 65th anniversary to encourage a culture of giving and stimulate the creation of new resources. Visit www.geron.org/giveback to learn how your past and future donations will be used to develop products, programs, and services.

In addition, expenses were reduced in several areas without any corresponding negative impact on membership services. Taken together, revenue-generating and cost-cutting strategies had a substantial and positive impact on the FY 2010 bottom line.

Furthermore, the auditors gave GSA the highest rating of “unqualified opinion with no management issues.” Many thanks are due to Chris Yoder, GSA’s senior director of finance and administration, and the rest of the staff for such positive outcomes.

The Current Fiscal Year

At the 2010 Annual Scientific Meeting, a balanced FY 2011 budget was presented to the membership. Looking ahead to the end of the year now, we predict that operations will stay on budget.

What is yet unknown, however, is how market conditions will impact GSA’s investments over the short term.

Last year the Finance Committee recommended a change in investment strategies, which was approved by the Executive Committee. These investments are long-term in nature; our strategy is conservative with a goal of outperforming common indices over time. The top chart on the opposite page shows that in recent years, we have achieved success comparable to the Dow Jones Industrial Average, Standard & Poors (S&P) 500, and the NASDAQ Stock Market.

Over the course of the last seven months, GSA moved a portion of investments from certificates of deposit (as these rates are historically low) to two managed funds at Genworth Financial. Investment in these defensive positions takes advantage of market conditions while keeping ahead of inflation.

We also have increased our investments in other areas to capitalize on other current opportunities. However, a big part of our budget picture is attendance at the Annual Scientific Meeting as well as sustained membership numbers. Fortunately, early indicators suggest that we will have a great turnout in Boston. Abstract submissions for the meeting were up 14 percent this year, and membership numbers remain as budgeted.

Looking Ahead

The financial health of the Society is strong again after several rebuilding years. As you can see from the bottom chart on the right, in 2010, GSA produced a profit — for the first time since 2006 — and added money to its reserves, which totaled $2,208,388 at the end of the year.

Looking forward, the Finance and Investment Committees will continue to address GSA’s economic health. Strategies include constructing an investment policy that is aligned with GSA budgetary goals, maintaining good stewardship of GSA’s investment assets, and involvement in oversight and in budgetary practices of the organization.

As we all know from watching our own investments fluctuate, these economic times are challenging. The Finance Committee, in partnership with GSA staff, is working to preserve and grow GSA’s assets within the prevailing market conditions.
Continued from page 1 - DC Briefing Sheds Light on Poor Seniors’ Employment Struggles

jobs below their education or career level, or those who have given up looking for work. Unemployed workers age 55 and over currently face an average of 53 weeks without a job, compared to 41 weeks for those under age 55.

Furthermore, SCSEP, the only federal jobs program targeted at older adults, is currently under threat. The federal budget for FY 2011 cut the program’s funding to $450 million, a 45 percent reduction from the FY 2010 level. In previous years, SCSEP provided subsidized part-time community service positions to over 100,000 jobless individuals aged 55 and older with poor employment prospects. Its budget cut has led to significant reductions in the number of persons who can be served. SCSEP falls under Title V of the Older Americans Act and is administered by the Department of Labor.

At the briefing, Dennis Streets, director of the North Carolina Division of Aging and Adult Services, described the impact of the recent funding cuts on low-income older adults and the aging services network in his state.

“Atmosunently, the decision to reduce funding for SCSEP has not only reduced employment and training opportunities, it has also reduced community service staffing at a time that needs are growing and alternative resources diminishing,” Streets said. “While we appropriately adjust our education, training, and economic policies and programs, we cannot ignore the plight and potential of those who want to contribute today.”

Altha Newman, chief professional officer for the Boys & Girls Clubs of Hawk-Houston in Dothan, AL, explained how SCSEP enables low-income older adults to work part-time in her agency of the changing demographic in Canada, research published in the journal Healthcare Policy pointed to other factors that are driving up costs: greater use of specialists, more diagnostic tests for seniors, and increased consumption of increasingly expensive drugs. During the study period, population aging caused expenditures on acute hospital care, medical care and prescription drugs to grow by less than one per cent a year, and despite the aging of the baby boom generation, its impact will remain the same through 2036, according to projections.

Labor May Lead to Long Life Expectancy in Taiwan

Six townships in Taiwan were recognized by the country’s government this summer as “longest-living towns.” The director of the Taiwanese Center for Geriatrics and Gerontology indicated that the residents of these town have labored most of their lives and that some of the nonagenarians still work on farms. He suggested that perhaps their labor is the leading factor to their longevity. The older people that live in these localities tend to eat the vegetables and fruit they have grown themselves, eating very little processed food, therefore receiving proper nutrition and getting regular exercise through their ongoing daily labor.

Japan Faces Challenges Due to Aging

Six articles were recently published online in The Lancet that discusses the disproportionate aging population in Japan. This situation is not only due to their long life expectancy, but also their low birth rate. This changing dynamic in the population, with those aged 65 years or older expected to grow from 23 percent to 40 percent of all Japanese citizens by 2050, could cause problems to the country's universal health care system. These articles address issues such as the financial sustainability of Japan's universal coverage, the advantages and limitations of pursuing universal health coverage, mandatory public long-term care insurance, the history of population health in Japan, and challenges facing Japan due to the effects of the rapidly aging population.

Canada’s Healthcare System Ready for Aging Population

Two University of British Columbia studies suggest that the aging population in Canada is not the largest contributing factor of per capita healthcare costs. Although fears that major changes to Canada's healthcare system would be necessary to address the needs and in more than 200 other Boys & Girls Clubs in 38 states. The exceptional work and dedication of her SCSEP participants prompted Newman to hire several on her agency's own payroll.

Another panelist, Laura Specker of Cookeville, TN, shared her personal experiences as a former SCSEP participant and spoke of how the program helped her develop skills required by both non-profit and for-profit employers.

“Many seniors that I know often have to choose between purchasing food and medicine. This program helps them develop skills so they can work and better provide for their needs,” Specker said. “I have witnessed the transformation from despair to pride in their accomplishments.”

Alzheimer’s Report Recommends NIA Budget Changes
A new report from the Alzheimer’s Foundation of America highlights inadequate funding by the National Institute on Aging (NIA) for research of aging-related illnesses and calls for necessary investments to help prevent, treat, and potentially cure chronic diseases that mostly affect older Americans, including Alzheimer’s disease. The report, titled “Penny Wise, Pound Foolish: Fairness and Funding at the National Institute on Aging,” reiterates that chronic disease associated with aging accounts for more than 75 percent of Medicare and other federal health expenditures. And yet, it points out, out of each dollar appropriated to the National Institute of Health (NIH), only 3.6 cents goes toward supporting the work of the NIA, one of the 27 institutes and centers of the NIH and the lead institute on Alzheimer’s disease research. The full report is accessible at www.alzfdn.org/documents/NIA%20Report-Final.pdf.

Report Examines Older-Age U.S. Life Expectancy in Comparative Perspective
A new report from the National Research Council concludes that the nation’s history of heavy smoking is a major reason why lifespans in the U.S. fall short of those in many other high-income nations. Over the last 25 years, life expectancy at age 50 in the U.S. has been rising, but at a slower pace than in many other high-income countries such as Japan and Australia. This difference is particularly notable given that the U.S. spends more on health care than any other nation. The authors of “Explaining Divergent Levels of Longevity in High-Income Countries” examine trends in risk factors other than smoking (e.g., obesity, cardiovascular diseases, cancer), and also consider health system variables such as access, disease detection, and treatment. For the main causes of death at older ages — cancer and cardiovascular disease — available indicators do not suggest that the U.S. health care system is failing to prevent deaths that would be averted elsewhere. In fact, cancer detection and survival appear to be better in the U.S. than in most other high-income nations, and survival rates following a heart attack also are favorable. The report is available from the National Academies Press, and can be downloaded at books.nap.edu/catalog.php?record_id=13089.

Quality of Care Tool Found Useful to Nursing Home Managers
In a recent article published in The Gerontologist, titled “Staff Assist: A Resource to Improve Nursing Home Quality and Staff,” the authors describe a web-based tool that managers at nursing home facilities can use to help implement quality improvements through changes in staffing characteristics. It was found useful in highlighting (to nursing home management) the importance of facility changes on quality of care, and in this research, lead to several improvements in several quality of care measures. This tool can be a low-cost model for predicting quality of care changes while also helping to identify common quality of care problems that are in need of further discussion and problem solving techniques. The full article is accessible via subscription at gerontologist.oxfordjournals.org/content/early/2011/05/24/geront.gnt038.abstract. (GSA members may view the article by logging in at www.geron.org visiting the URL.)

Go4Life Campaign Encourages Adults 50 and Older To Be More Physically Active
The National Institute on Aging’s (NIA) Go4Life campaign is a forthcoming campaign that will support the agency’s Physical Activity Guidelines for Americans. Go4Life is geared to make a difference in the regular physical activity levels of older people by offering various tools to motivate older adults. The Go4Life website, go4life.niapublications.org, offers free resources for health professionals and organizations that may help create an environment that supports this effort. The online resources include exercise and video demonstrations, personal success stories, educational materials, a personal exercise and tracking tool, and additional resources.

Continued from page 1 - Sponsors Enable Robust Meeting Content
highlight recent findings from cohort and longitudinal studies regarding early life factors and lifespan influences on change and interdependency among health and physical functioning, cognitive ability, and well being. The other symposium, “Experiencing Old Attitudes: Varied Perspectives on Old Workers in Europe,” is expected to enhance understanding of attitudes towards old age, with particular reference to perspectives on older workers in work and in transition to retirement.

Funds from the University of Massachusetts Boston will allow the SRPP Section to bring in a cadre of international speakers for its presidential symposium, “Towards Eradicating Older Persons’ Poverty: A Human Rights’ Perspective from the International Network for the Prevention of Elder Abuse.” Panelists from Israel, Canada, Hong Kong, and Turkey will present methods to strengthen social protection for older people worldwide, focusing on ethics, income security, housing, and physical and mental health care in light of governments’ responsibilities and seniors’ rights.

The Tufts Health Plan Foundation is supporting “Healthy Aging in Massachusetts: Communities for Lifelong Wellness,” a session that will outline the organization’s recent planning and development effort to launch a statewide healthy aging initiative in Massachusetts in late 2011. The project seeks to integrate a network of evidence-based programs into new community-level endeavors that build on existing health and supportive services, existing healthy community efforts, social networks, and other local institutions.

The Annual Scientific Meeting is taking place from November 18 to 22 at the John B. Hynes Veterans Memorial Convention Center in Boston. Registration information and an online meeting planner are available at www.geron.org/annualmeeting.
Physical, Emotional, and Psychological Self Care

As students and emerging scholars in the field, we are compelled to reach our goals. The required effort may be enormous. As our passion and efforts are all-encompassing, we often put caring for ourselves at the bottom of our to-do list.

A continuing lack of self care, however, produces the warning signs of stress and burnout. These signs may include irritability, anger, cynicism, appetite and/or weight changes, feelings of being overwhelmed, a reliance on alcohol or drugs to escape from the tensions, and depression.

Self care takes time and requires attention, which can both be rare commodities. Last month, ESPO presented some tips for self care for relationships and from a spiritual perspective. Continuing the discussion of self care with information and tips you can use in the development of your own self care plan, this article has information on physical, emotional, and psychological self care. It is meant to be a thought-provoking reminder to develop habits and strategies in the various areas self-care.

There are three tips to maintenance of your physical health. First, stay active. Block the time into your schedule, and give yourself permission to go! Experts advise physical activity for 30 minutes a day on most days. However, you may need 60 minutes a day just to maintain your weight, and 60 to 90 minutes to prevent weight gain. It may help to join an exercise class on campus or locally in your city.

Second, stay healthy. It is easy to make healthy substitutions in your favorite recipes and you probably will not notice the difference! Stick with “good” fats — fish, nuts, and vegetable oils. Consuming excessive “bad” fats, such as stick butter and lard, may result in serious health problems over time. Keep the saturated fats, trans fats, and sodium low. Also limit foods with high sugar content. Remember not to make too many changes all at once; moderation is key and small changes add up.

Third, stay well. According to Verena Van Fleet, PhD, of Northwestern Health Sciences University, it may be a good idea to take vitamins, but always discuss this with a physician first. Vitamins and supplements can lead to health problems when taken improperly or in excess. Also, wash your hands frequently and thoroughly, be moderate with your alcohol intake, and stay hydrated with plenty of water. Finally, Van Fleet said, “A few germs are okay here and there. Leading experts advise us to expose ourselves to pathogens gradually — otherwise our immune systems target things that are not pathogens (e.g., allergies). Getting sick may be an indicator that your immune system is actually on top of things!”

Our bodies are innate in their ability to know how to stay healthy. However, it is up to us to recognize this and act accordingly using self care. Strategies often attached to psychological self-care include a well organized and thoughtful individualized plan. Logically, the plan should be written out, periodically considered, and revised. An example of an effective strategy is a working journal. The development of emotional and psychological self-care strategies can also be correlated with physical, relational, and spiritual self care.

The first, personal self-care should be at the top of our priority list. Spend time alone in both quiet and interactive activities. Notice your inner experience and listen to your thoughts, beliefs, attitudes, and feelings. Consider letting problems work themselves instead of mulling over every detail. Be your own best friend; have unconditional acceptance, a source of affirmation and praise, and accept your own humanness.

A second strategic area for development is in the area of family and friends. Talk with someone every day; make a decision to stay in contact with important people in your life. Engage in conversation that will stimulate your mind or talk of mindless things if your mind needs a break. Spend actual physical time with family and friends. Eye-to-eye and skin-to-skin contact has healing emotional and psychological properties.

The third strategy to consider is your relationship with work and your community. Work is always a challenging area to consider, yet learning to say “No, thank you” can be an experience which provides a new opportunity for us to become less burdened and more intellectually involved. Re-examine your finances; time may permit a planned reduction in your work or volunteer hours.

The last area for self-care strategic development is intellectual pursuit. Organization is a key success factor. One suggestion is to plot your study schedule, including exams and due dates, on a calendar. Worries can be reduced if the plan has a basis of completing the tasks days or weeks prior to the deadline. Spending time with your mentor/advisor on a regular basis can be an affirming process. In addition, a peer support group may offer the opportunity for honest and sharing communication. This would be a natural place for relationship development.

For more information on these and other topics related to self care, please visit www.socialwork.buffalo.edu/students/self-care. Special thanks are given to ESPO Newsletter Task Force members Kellye Schiffner and Terrie Vann-Ward for their contribution to this article.

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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 5,400 members both in print and online. See the current rates on GSA’s website, www.geron.org under the “Support Us” tab.
Health Policy Fellows Program Offers DC Opportunity

The Robert Wood Johnson Foundation Health Policy Fellows program provides the nation’s most comprehensive fellowship experience at the nexus of health science, policy, and politics in Washington, DC. It is an opportunity for exceptional midcareer health professionals and behavioral and social scientists with an interest in health and health care policy. Fellows participate in the policy process at the federal level and use that leadership experience to improve health, health care, and health policy. Up to six grants of up to $165,000 each will be made in 2012. Each fellow will receive up to $94,000 for the Washington stay (September 1, 2012, through August 31, 2013) in salary, plus fringe benefits or fellowship stipend. Continued pre-approved leadership development activities may be conducted with any remaining funds within 12 months following the Washington year. Total support for the fellowship, including fringe benefits may not exceed $165,000. Fellows will receive an additional allowance for relocation subject to limitations provided in detail on the program’s website. The deadline for the receipt of online reference letters is November 2 and the deadline for the receipt of applications is November 9. Visit www.healthpolicyfellows.org for complete information.

NIA Looks To Support Additional RCMARs

The National Institute on Aging (NIA) invites applications for the creation or continuation of Resource Centers for Minority Aging Research (RCMARs). The research focus of RCMARs is on social and behavioral methods to improve health, physical, and cognitive function. The purpose of the RCMAR program is to diminish health disparities between minority and non-minority older adult populations through research-based and mentoring efforts. The NIA aims to increase the number of minority researchers conducting independent social and behavioral health research of older people. A secondary objective of this funding opportunity announcement is to gain knowledge and to develop techniques necessary to increase the recruitment and retention of older minority populations involved in social, behavioral, and biomedical research. Applications are due November 9. For further details, visit grants.nih.gov/grants/guide/rfa-files/RFA-AG-12-012.html.

Funds Aim To Enhance Benefits Enrollment

The Administration on Aging-funded National Center for Benefits Outreach and Enrollment has recently announced a funding opportunity for state and local organizations engaged in public benefits outreach and enrollment activities. Between five to 10 grants of $50,000 to $100,000 will be awarded for the implementation of significant innovations that improve benefits enrollment systems and community-based assistance for seniors and adults with disabilities. Local or state organizations with demonstrated capacity in benefits outreach and enrollment assistance programs are welcome to apply. The proposal deadline is October 31. To learn more about this funding opportunity, visit www.centerforbenefits.org/downloads/Innovations%20RFP%20FINAL.pdf.

New NIA Grants Foster Translational Research

The National Institute on Aging (NIA) has issued two parallel funding opportunities for R21 Exploratory/Developmental Research Grant Awards. Both expire September 8, 2014. The first encourages T1 translational research projects to accelerate the pace of development of novel therapeutics for preventing and treating key health issues affecting older people. T1 translational research on aging is defined as the application of basic and clinical biomedical findings towards the development of new strategies for prevention and treatment of age-related pathologies. Visit grants.nih.gov/grants/guide/pa-files/PAS-11-280.html for complete information. The second opportunity encourages T2 translational research directed towards development of health care practices, community programs, and policies. T2 translational research on aging is defined as research to gather information needed to develop or evaluate methods of translating results from clinical studies into everyday clinical practice and health decision making. Visit grants.nih.gov/grants/guide/pa-files/PAS-11-281.html for complete information.
Funds Allow Boston College To Study Effects of Time and Place Management

The Sloan Center on Aging & Work at Boston College has been awarded a $2.7 million grant from the Alfred P. Sloan Foundation to research the effectiveness of flexible time and place management strategies to maximize productivity from an age-diverse workforce. This is the center’s third multi-million dollar grant since 2005. Over the past six years, the center has conducted research that has highlighted the value of older workers, the diverse work experiences of today’s multi-generational workforce in countries around the world, and gaps in employer preparedness for the aging workforce. With the receipt of this new grant, the center will now focus on gathering evidence about business-relevant outcomes associated with flexible time and place management policies. The center will partner with employers who plan to either adopt a new time and place management policy or introduce a new component to an existing initiative.

NYU College of Nursing Receives $1.2 Million HRSA Grant

The New York University College of Nursing has received a three-year, $1.2 million dollar grant from the U.S. Health Resources and Services Administration (HRSA) to support the implementation of an elder care program, which will open up four sites servicing over 4000 seniors. One of them will be in the Baruch Houses, a lower-Manhattan naturally occurring retirement community (NORC), and the other three will be in senior centers in partnership with The Caring Community, the oldest and largest not-for-profit service organization in Greenwich Village and Lower Manhattan dedicated to improving the quality of life for older adults. All NORC residents and senior center participants are 65 years and older. The elder care program will include accessible provision of primary care services and care coordination on-site, including an older adult house calls program; a diabetes self-management education/training program; an oral health/dental screening and referral program; and outreach and linkages to community resources for vulnerable and underserved older adults, with a special emphasis on increasing access to primary care. The elder care program will also provide service learning opportunities to undergraduate and graduate nursing students and dental students.

University of Waterloo Developing Healthcare and Wellness Research Center

A center of excellence for senior-related health care research, training, and innovation is being developed at the University of Waterloo in Ontario, Canada. The center will allow students, educators, and researchers from the University of Waterloo, Coestoga College, and the Schlegel-UW Research Institute for Aging to study and learn from residents and staff that work and reside at the adjacent long-term care facility. The first of three phases will consist of a 192-bed long-term care facility, which will be owned and managed by Schlegel Villages. The research center will be operated as part of the Schlegel-UW Research Institute for Aging. Several research chairs are already in place and they are focusing their attention on geriatric medicine, geriatric pharmacotherapy, vascular aging and brain health, nutrition, and enhanced senior care at this time. The innovated center will provide expertise in the long-term care field, improve long-term care services, and inform policies and programs. The center will help build the workforce needed for this quickly growing population. The number of older adults in Ontario is expected to double over the next 20 years.

Arkansas Initiative to Bolster Geriatric Nurses in Nursing Homes

The Arkansas Community Foundation and the University of Arkansas for Medical Sciences have received a $450,000 grant from Partners in Nursing’s Future to assist with increasing the quantity and quality of geriatric nurses found in nursing homes throughout the state of Arkansas. An additional $225,000 was raised to help with this initiative from Partners in Nursing’s Future. Arkansas’ older adult population is above the national average (nearly 14 percent), and this segment of the population is expected to double by the year 2025.

Advancing the Aging Sciences

National Science Foundation funding will allow 28 new doctoral students to study aging over the next 5 years at Oregon State University. This Integrative Graduate Education and Research Traineeship (IGERT) is the first and only IGERT program in the nation with a focus on aging sciences. The program provides a $30,000 stipend and support for tuition and research. Students will be mentored by faculty in existing research cores at Oregon State’s Center for Healthy Aging Research:

1) diet and genetics
2) musculoskeletal
3) psychosocial and
4) gerontechnology.

Students from diverse disciplines, including psychology, sociology, public health, nutrition, exercise sciences, engineering, computer sciences, chemistry, biology, design and other disciplines may apply now for Fall 2012. Dr. Karen Hooker is the program’s Principal Investigator. For more information, visit: http://www.hhs.oregonstate.edu/igert/ or contact Anne.Hatley@oregonstate.edu.
USC Edward R. Roybal Institute on Aging

Call for Nominations

Pearmain Prize for Excellence in Research on Aging

The Pearmain Prize for Excellence in Research on Aging gives special recognition to an outstanding senior scholar who has made outstanding contributions to the field of translational aging research.

The University of Southern California (USC) School of Social Work established the Pearmain Prize for Excellence in Research on Aging on behalf of the USC Edward R. Roybal Institute on Aging. The Institute fosters and recognizes excellence in research that furthers the needs of minority older persons, particularly those from underserved backgrounds.

Nominations are due by December 5, 2011.

http://roybal.usc.edu

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Applications of a cover letter, CV, and 3 references should be submitted to: vwu@epi.umaryland.edu. Confidential correspondence related to this position should be directed to Jack Guralnik, chair of the search committee at 410-706-2406 (jguralnik@epi.umaryland.edu) or Jay Magaziner, chair of Department of Epidemiology and Public Health at 410-706-3553 (jmagazin@epi.umaryland.edu).

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