

gerontology news

The Gerontological Society of America

March 2010

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Celebrating 65 years | 1945-2010

Key Moment in History

1974: GSA plays a major role in the development of the National Institute on Aging. Read more about this milestone on page 7. In select issues during 2010, *Gerontology News* will feature a special article on the most significant events from the past 65 years.

Make the Most of Careers in Aging Week!

GSA and its educational branch, the Association for Gerontology in Higher Education, are now gearing up for Careers in Aging Week 2010, which will take place from April 4 to 10. This annual venture is intended to bring greater awareness and visibility to the wide-ranging career opportunities in aging and aging research. Universities and colleges around the world participate by sponsoring events at their schools or in their communities.

For more information, visit www.careersinaging.com or send an email to ciaw@geron.org.

Upgrade Boosts Online Journal Experience

GSA members now have access to the complete back catalog of the Society's journals via a new user-friendly online interface.

The Gerontologist, *The Journals of Gerontology Series A*, and *The Journals of Gerontology Series B* are included in this upgrade. These publications' sites have become part of the new H2.0 platform from HighWire Press, the hosting company based at Stanford University. The content is supplied by GSA's publisher, Oxford Journals.

"Utilizing GSA's 65 years of published research has never been easier," said Thomas Hess, PhD, chair of the GSA Publications Committee. "The new features add considerable value to the user experience."

GSA members can access their subscribed journals by visiting www.geron.org/Publications. For authentication purposes, users need enter through the GSA website by logging in with their user ID and password there.



The re-engineered journal pages, designed around state-of-the-art, standards-based technologies, will enable GSA and Oxford to respond to the increased pace of online publishing development. The new platform provides easier integration of content and services with other websites; flexible, dynamic page display to allow publishing to different devices; and a fully XML-based publishing workflow.

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Coalition Leads New Fight Against Osteoarthritis

The Centers for Disease Control and Prevention (CDC) and the Arthritis Foundation have launched a major initiative intended to reduce the impact of osteoarthritis on Americans.

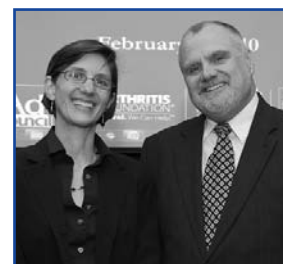
This action plan, a National Public Health Agenda for Osteoarthritis, will be supported by an awareness campaign led by the Arthritis Foundation, the Ad Council, and the American College of Rheumatology.

"Preventing disability associated with this disease is a shared goal of both the CDC and the Arthritis Foundation and the many other stakeholders who have participated in this landmark plan that recommends evidence-based interventions, public policies, and communication strategies to combat osteoarthritis," said John Klippel, MD, president and CEO of the Arthritis Foundation.

Osteoarthritis, the most common form of arthritis, is a painful joint disease that currently

affects nearly 27 million people in the U.S.

"Just as Americans tend to think of heart disease as something that's inevitable in the aging process ... they may think that the aches and the pains and the disabilities associated with osteoarthritis as something that's inevitable and unavoidable, something that can't be managed," said Ursula Bauer, PhD, MPH, director of the CDC's National Center for Chronic Disease Prevention and Health Promotion. "The good news is that osteoarthritis can often be avoided and certainly can be managed."



Bauer and Klippel
(Photo: Ken Cedeno)

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From the Executive Director



GSA Membership: An Extraordinary Value!

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

Effective April 1, GSA will implement a slight increase in membership dues — the first in over seven years — to strengthen the Society and prepare it for the years ahead. While many professional membership organizations increase dues at a steady annual pace, GSA adjusts dues only occasionally, after exhausting other revenue-enhancing (or cost-reducing) options first.

Over the past year, we have taken steps to create new revenue-producing programs and made difficult decisions to control costs, including the elimination of three staff positions. While we have made every effort to shield members from the impact of the economic conditions facing all organizations, a dues increase was deemed necessary and approved by GSA Council.

The chart below explains our new pricing structure. As you can see, the changes are modest. No member will face an additional cost of more than \$25 per year in dues; the cost for students will only go up by \$10 as the Society continues its commitment to supporting emerging scholars. We also are introducing multi-year memberships for added convenience. This will make it easier to ensure that your benefits — particularly the journal subscriptions — continue uninterrupted. The new three-year regular rate is also offered at a discount.

I believe GSA membership is an extraordinary value. In 2009, your dues accounted for just 9 percent of our \$6.5 million annual budget — meaning that the Society provided \$11.20 in value for every dues dollar paid. The benefits of GSA membership have grown over the past several years; we launched a new user-friendly website, initiated a searchable

member directory, and moved our journals to a robust online platform, for example. The Society and the work of its members have gained increased visibility through new and enhanced relationships with partner organizations. Our staff and volunteer leaders are working — and will continue to work — to maintain GSA's reputation of providing excellent value for the money.

The publications process for our journals is more efficient than ever before. Previously, an accepted article could take months to appear in a printed journal. Now, thanks to our advance access system, many articles appear online within weeks of acceptance. As you read on the front page of this issue, HighWire's new H2.0 platform will provide a wealth of new technological features. For example, members are now able to utilize the complete back catalog of our journals online, from 1946 to the present day.

We have made improvements to many aspects of the Annual Scientific Meeting, the premier research and networking event in our profession. Our abstract submission and on-site registration processes have been streamlined significantly. The meeting program also continues to grow in strength.

Our four sections and the Emerging Scholar and Professional Organization now have a staff liaison at GSA headquarters to better respond to members' needs. We also offer a greater number of mentoring activities than ever before; the newly created Task Force on Mentoring is working to cultivate even more opportunities.

These are only a few examples of the new value we're working to add to GSA membership. If you have any comments regarding ways we can further enhance your experience, please contact me at jappleby@geron.org. Thank you for your continued commitment to supporting the mission of our Society.

Sincerely,

Membership Type	New Rate	Old Rate
Regular	\$160	\$135
Regular, 2 year	\$320	New
Regular, 3 year	\$450	New
Transitional Student	\$99	\$90
Student	\$75	\$65
Undergraduate Student	\$25	\$20
Spouse	\$45	\$35

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In Memoriam

Carol Macnee, PhD, RN, passed away on December 18, 2008. At the time of her death, she was the research director and a professor at the University of Wyoming's Fay W. Whitney School of Nursing. Macnee had received numerous honors during her career, including the Excellence in Nursing Award in Research from Sigma Theta Tau, Nurse of the Year in Research from East Tennessee State University, and the Rackham Non-Traditional Student Award from the University of Michigan.

New Publications by Members

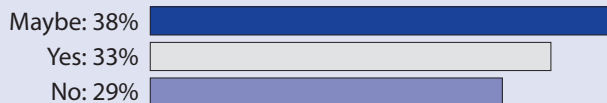
"Aging Awakenings: Assisted Living Residents Teach University Students to Overcome Ageism," by Richard C. Adelman. Published by CreateSpace.
"Elderburbia: Aging with a Sense of Place in America," by Philip B. Stafford. Published by Praeger.

Members in the News

- New America Media recently issued a story that focused on the work of Hector Gonzalez, PhD. In a study on depression care in the U.S., he and his team of researchers found that the conventional practice of lumping ethnic groups together as Latinos, African Americans, or Asian/Pacific Islanders makes it difficult to determine key factors for improving the effectiveness of care among racial or ethnic subgroups.
- GSA Fellow Neal Cutler, PhD, recently was quoted in an article on financial-planning.com. He noted that baby boomers make up a heterogeneous group with many different concerns about retirement savings.
- Sudershan Pasupuleti, PhD, recently was interviewed by WGTE in Toledo, OH, for his research on brain fitness in older adults. He stressed the importance of creative activities in helping older people maintain cognitive health.

Monthly Poll Results

Do you think patient consultations using telemedicine technology is an acceptable alternative to in-person consultations?



Number of voters: 100
Vote in the newest poll at www.geron.org!

Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. March's spotlight shines on:

Toni Miles, MD, 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:

Robert J. Pignolo

The recipient, who became eligible after referring new member **Kevin Egan**, 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/ColleagueConnection.htm

Rowles Earns Dual Distinctions

Kentucky Governor Steve Beshear has named GSA Fellow Graham Rowles, PhD, as the chairperson of the commonwealth's Institute for Aging. Rowles is also one of six winners of the University of Kentucky (UK) Alumni Association's 2010 Great Teacher Awards. He is a professor of gerontology in the UK College of Public Health, with joint appointments in the UK College of Nursing, the Department of Behavioral Science, the Department of Geography, and the Department of Health Sciences. Rowles is also the incoming president of GSA's educational branch, the Association for Gerontology in Higher Education.

Davison Gives Japanese Meeting Keynote

Gerald Davison, PhD, dean of the University of Southern California Davis School of Gerontology, recently delivered the keynote address at a major conference on healthy aging at the Yamano College of Aesthetics in Tokyo, Japan. At the event, Davison discussed how the aging revolution affects societies in the U.S., Japan, and throughout other developed and developing nations.

McMahon Receives Nursing Award

Siobhan K. McMahon, MSN, MPH, CNP, an assistant professor of nursing at the College of St. Scholastica, recently received the Star Award from the University of Minnesota School of Nursing's Hartford Center of Geriatric Nursing Excellence. The award is presented annually to an outstanding fellow in the school's Faculty Learning About Geriatrics Program (FLAG). This program provides professional development for college nursing faculty and advanced practice nurses to increase their expertise in teaching geriatric nursing. Participants attend a week-long summer workshop followed by a year-long mentorship with faculty who developed and teach in the FLAG program.

Webster Recognized for Life Review Research

Jeffrey Dean Webster, MEd, recently was awarded the International Institute for Reminiscence and Life Review's Robert Butler and Myrna Lewis Exemplary Research Award for excellence in research in reminiscence and life review work. Webster's work in the area has spanned more than 20 years and has included theoretical and empirical contributions, such as the development of the Reminiscence Functions Scale. He received the award and delivered an acceptance speech at the Institute's 2009 biennial conference in Atlanta, GA. Webster currently is affiliated with the Psychology Department at Langara College in Vancouver, British Columbia, Canada.

Obama Freezes First Budget He Can Call His Own

Well, it's budget time again and President Barack Obama and Congress have been busy addressing, or some would say avoiding, our nation's fiscal challenges.

In the April 2009 issue of *Gerontology News* (accessible through www.geron.org/Publications), I wrote a primer about the budget and appropriations process; this year I will skip to the details of the president's budget proposal.

General Budget Overview

Obama released his Fiscal Year (FY) 2011 budget proposal on February 1. The total budget is \$3.8 trillion; the projected deficit is \$1.267 trillion – down from the 2010 deficit of \$1.556 trillion. Over the next 10 years, the projected debt adds up to \$8.5 trillion. The president's budget assumes \$150 billion in savings over the next ten years from the passage and implementation of health care reform. It includes the costs associated with two wars, although these will decrease as the U.S. military withdraws from overseas.

For an excellent table showing all of the budget totals, including debt and percent of GDP, see the Office of Management and Budget website at www.whitehouse.gov/omb/budget/fy2011/assets/tables.pdf.

The president's proposed budget focuses on job creation and ways to ease the impact of the recession on workers, families, and states. The budget proposes additional funds for the Making Work Pay tax credits, extends unemployment benefits, extends COBRA health insurance assistance, and provides additional assistance to states for Medicaid payments. It also includes tax cuts for lower income earners and tax increases for upper income earners. Lawrence Summers, the president's economic advisor, said, "The budget recognizes the imperatives of job creation and growth in the short run, and takes significant measures to increase confidence in the medium term."

Additionally, many of you may have heard that the Democrats in Congress are considering passing parts of health care reform in a budget reconciliation bill. The Alliance for Health Reform has composed a helpful document explaining what this process entails: www.allhealth.org/publications/Uninsured/Budget_Reconciliation_Toolkit_95.pdf.

The Freeze

In his State of the Union speech, the president proposed a three-year freeze on non-security, discretionary funding, and his budget reflects that. The Departments of Defense, Homeland Security, and Veterans Affairs (VA) are considered security-related agencies and they are well funded. The VA received record funding, including a \$50.6 billion advance appropriation so that the medical care for the nation's veterans will not be hindered by budget delays. This is the result of a law enacted last October that allows the VA its health care funding one year in advance.

It is important to note that the spending freeze is applied on the global level rather than the agency level. Therefore, some areas of the non-security budget could receive increased funding, as long as this was offset by cuts in other areas.

The fiscal year runs from October through September, so Congress has the next eight months to delete, alter, and replace the president's funding priorities with its own.

Key Aging Programs in the President's Budget

The chart to the right shows the funding levels for aging-related programs in the president's budget. The budget for the Department of Health and Human Services (HHS), \$911 billion in FY 2011, comes out the big winner, with an overall increase of \$51 billion over enacted FY 2010 levels. Of the \$911 billion, \$818 billion are for Medicare (51 percent of the HHS budget), Medicaid (33 percent), and children's entitlements, such as the Children's Health Insurance Program (3 percent). Programs with bipartisan popularity received increases, such as the National Institutes of Health with a \$1 billion increase — including a \$33 million increase for the National Institute on Aging — and Community Health Centers with a hefty \$290 million boost.

The NIH budget increase is to be guided into five priority areas: supporting genomics, translational science, biomedical research, using science to enable health care reform and global health.

The Medicare increase of \$48 billion will help pay for funding of Quality Improvement Organizations, physician payment adjustments, fraud and abuse prevention initiatives, and improvements to the Centers for Medicare and Medicaid Services' data analysis and information sharing capabilities.

The administration provided an increase of \$214 million for the Agency for Healthcare Research and Quality. This significant increase helps to fund a centerpiece of Obama's health care reform: comparative effectiveness research. This research attempts to compare medical treatments in terms of cost, quality, and effectiveness. When introduced in the health care reform legislation last year, critics said comparative effectiveness research would lead to rationing and denial of coverage by insurers. Proponents believe that the information can provide doctors and their patients with critical information about care. In the HHS budget document, the controversial research has been renamed "patient-centered health research." This research figures into the savings that the President's health care reforms are supposed to realize over 10 years.

Under the Health Resources and Services Administration, the geriatric training and education programs retained their funding from FY 2010 at approximately \$34 million. The president had requested \$41 million in FY 2010, but only \$34 million was funded (this was an increase of \$3 million from FY 2009).

The FY 2011 budget proposes \$102.5 million for a new Caregiver Initiative at the Administration on Aging. This initiative will support caregivers with counseling, training, and respite care; services to elderly and disabled individuals; and respite care for family members of those with special needs.

For additional information and analysis on the budget, see the Center for Budget and Policy Priorities at www.cbpp.org. An excellent chart detailing the processes involved also can be found at www.sheriffs.org/userfiles/file/The_Long_Path_to_a_Federal_Budget.pdf.

President's FY 2011 Budget Proposal for Aging Programs

(Amounts listed in thousands.)

	FY 2010 Level	FY 2011 Level	Change FY 2010 to FY 2011
Administration on Aging (AoA)			
Older Americans Act (OAA) Programs			
Grants to States			
Home- and Community-Based Supportive Services	368,348	416,348	+48,000
Preventive Health Services	21,026	21,026	0
Protection of Vulnerable Older Americans: Title VII	21,883	23,290	+1,407
Long-Term Care Ombudsman Program	16,827	17,783	+956
Elder Abuse Prevention	5,056	5,507	+451
Family Caregivers	154,220	202,220	+48,000
Native American Caregivers Support	6,389	8,389	+2,000
Subtotal, Caregivers	571,866	671,273	+99,407
Congregate Meals	440,783	445,644	+4,861
Home Delivered Meals	217,676	220,893	+3,217
Nutrition Services Incentive Program	161,015	161,015	0
Subtotal, Nutrition	819,474	827,552	+8,078
Subtotal, Grants to States	1,391,340	1,498,825	+107,485
Grants for Native Americans: Title VI	27,708	29,708	+2,000
Program Innovations	19,023	13,049	-5,974
Civic Engagement	982	N/A	N/A
Aging Network Support Activities	13,694	13,694	0
Alzheimer's Disease Supportive Services Programs	11,464	11,464	0
Lifespan Respite Care	2,500	5,000	+2,500
Health & Long-Term Care Programs	30,589	30,485	-104
Program Administration	19,979	22,508	+2,529
Total, AoA	1,516,297	1,624,733	+108,436
Department of Labor OAA Programs			
Senior Community Service Employment Programs: Title V	825,425	600,425	-225,000
Total for all OAA	2,341,722	2,225,158	-116,564
National Institutes of Health			
National Institute on Aging	1,109,800	1,142,337	+32,537
Corporation for National and Community Service			
AmeriCorps (including VISTA)	697,600	914,300	+216,700
Senior Corps	220,900	221,100	+200
Health Resources and Services Administration			
Geriatric Programs			
Geriatric Education Centers, Geriatric Training Programs, and Geriatric Academic Career Awards	33,747	33,747	0
Social Security Administration	11,598,000	12,528,000	+930,000
Centers for Medicare and Medicaid Services			
State Survey and Certification	346,900	362,000	+15,100

new resources

AoA Releases Latest Profile Document

The U.S. Administration on Aging (AoA) has issued the 2009 edition of its “Profile of Older Americans” report series. This resource presents statistical data relating to poverty, employment status, housing, education, caregiving, health insurance coverage, ethnicity, gender, marital status, and other demographics. Visit www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx to download the full report.

MMI Unveils Enhanced Website

The MetLife Mature Market Institute (MMI) has launched a new and improved website, located at www.MatureMarketInstitute.com, designed to make its research, information, and consumer publications easier to access, navigate, and retrieve. The regularly updated site features a useful topic index that allows for easy access to key insights on baby boomers, caregiving, advocacy, health, housing, long-term care, finances, family, and work. Other improvements include a research home page, a media room, downloadable charts, key study findings and methodologies, a publications listing, and an area to sign up for MMI’s free QuickFACTS e-newsletter.

CDC Launches Online Stroke Resource

The Centers for Disease Control and Prevention’s (CDC) Division for Heart Disease and Stroke Prevention recently launched a stroke-related website that provides valuable information and resources for patients and professionals. This new resource gives details on the signs and symptoms of a stroke, the third leading cause of death in the U.S. The site is located at www.cdc.gov/stroke/index.htm.

Long-Term Care Insurance Affordability Efforts Explored

A new AARP report, “Federal and State Income Tax Incentives for Private Long-Term Care Insurance,” highlights federal and state governments’ efforts to help make long-term care insurance more affordable and to encourage purchases by providing tax subsidies for private long-term care insurance. It describes these tax subsidies for long-term care insurance, their value to taxpayers, and their costs to federal and state governments. The report concludes with questions for policymakers, including whether or not tax subsidies are an effective way of incentivizing purchases, whether or not they are fair, and whether or not they are worth their cost. The report can be downloaded from assets.aarp.org/rgcenter/ppi/econ-sec/2009-19-tax-incentives.pdf.

Coalition Leads New Fight - Continued from page 1

This new initiative is the first in the country to call on health care providers, insurers, policymakers, public health agencies, and the public collectively to reduce the burden of osteoarthritis. The blueprint includes four intervention strategies: self-management education, physical activity, injury prevention, and weight management.

Representatives from over 75 invited stakeholder organizations, including GSA, provided input for the plan. The complete outline for the National Public Health Agenda for Osteoarthritis is available online at www.arthritis.org/osteoarthritis-agenda.php.

The first stage to be implemented is the aforementioned awareness campaign, which includes television, radio, print, outdoor, and online advertisements (running in donated time and space) that will direct Americans to a new website, www.fightarthritispain.org.

Over the next three to five years, the goals of the Agenda are to ensure the availability of evidence-based intervention strategies to all Americans living with or at risk for osteoarthritis; establish supportive policies, communication initiatives, and strategic alliances for osteoarthritis prevention and management; and initiate needed research to understand better the burden of osteoarthritis, its risk factors, and effective strategies for intervention.

To achieve these goals, the Agenda has made 10 recommendations:

1. Self-management education should be expanded as a community-based intervention for people with symptomatic osteoarthritis.
2. Low-impact, moderate-intensity aerobic physical activity should be promoted widely as a public health intervention for adults with osteoarthritis of the hip and/or knee.
3. Existing policies and interventions that have been shown to reduce osteoarthritis-related joint injuries should be promoted, implemented, and enforced.

4. Weight management should be promoted for the prevention and treatment of osteoarthritis, and national nutrition and dietary guidelines for the general population should be followed by adults with osteoarthritis so they select a quality diet while staying within their calorie requirements.
5. A national policy platform for osteoarthritis should be established to improve the nation’s health through evidence-based clinical and community prevention and disease control activities, including core public health infrastructure improvement activities.
6. Evidence-based interventions should be expanded.
7. Quality and equity should be assured.
8. Workplace environments should be improved by adopting policies and interventions that prevent onset and progression of osteoarthritis.
9. A well-designed communication strategy should be initiated and sustained to enhance understanding and change attitudes and behavior among consumers, healthcare providers, policy makers, employers and the business community, and community organizations.
10. Research and evaluation should be pursued to enhance surveillance, better understand risk factors, refine recommended intervention strategies, evaluate workplace and rehabilitation interventions, and examine emerging evidence on additional promising interventions.

“Implementing these recommendations,” Bauer said, “has the potential to significantly increase worker productivity, reduce the unsustainable increases in health care costs, allow older adults to continue to live independently, and improve the physical and emotional lives of millions of Americans who struggle with osteoarthritis.”

1974: GSA Plays Major Role in NIA's Development

By Robert Binstock, PhD

Although GSA has undertaken a number of public policy activities during its 65 years, perhaps none has been more significant than the central role it played in the 1974 creation of the National Institute on Aging (NIA) at the National Institutes of Health (NIH). Now in its fourth decade, the NIA has a budget of \$1.1 billion.

From its founding in 1945 as the Gerontological Society through the late 1960s, GSA's involvement in public policy essentially consisted of the individual activities of its prominent expert members in the then relatively small field of aging. Some were called upon to testify before Congress, others advocated for federal and state governments to create programs that benefited older persons and that conducted research on aging, and still others were tapped to serve on various government committees, commissions, and task forces.

But it was not until the late 1960s that GSA began to act organizationally as a consequential player in the public policy arena. Its first such undertaking, a successful seven-year initiative to establish the NIA, has perhaps been its most important public policy achievement. GSA's efforts have been well-documented in a book by Betty Lockett, "Aging, Politics, and Research: Setting the Federal Agenda for Research on Aging" (Springer, 1983).

In the summer of 1968, GSA President Bernice Neugarten, PhD, a social psychologist from the University of Chicago, created the GSA Public Policy Committee (PPC). She designated future GSA President Robert Binstock, PhD, a political scientist from Brandeis University, as the first chair. As it turned out, Neugarten's creation of the PPC was most timely.

The initial impetus for the creation of an NIH institute dedicated to research on aging was a long-standing frustration of biogerontologists with what they regarded as inadequate grant support for their research. One of them, Bernard Strehler, PhD, of the University of Southern California, took the lead in drafting a congressional bill that called for a new NIH Institute with a five-year research plan "to promote intensive coordinated research on the biological origins of aging" (Lockett, p. 85).

At the 1968 GSA annual meeting in Denver, CO, Strehler sought the organization's formal endorsement of the bill. Neugarten and Binstock responded, however, that the bill could only be endorsed by GSA if it were broadened to include the medical, behavioral, and social sciences. When Strehler acquiesced to this principle, Neugarten directed Binstock and another PPC member — GSA President-Elect F. Marrot Sinex, PhD, a biologist from Boston University — to revise the draft bill accordingly. Their revisions, encompassing the full umbrella of research disciplines



engaged in the field of gerontology, were in the final bill legislated some years later.

Subsequently, in late 1968 and 1969, Binstock and Sinex worked with the chief staff member of the U.S. Senate Special Committee on Aging,

William Oriol, to refine the bill as a legislative instrument that encompassed the broad spectrum of research on aging. Sinex also spent many months tirelessly courting Florence Mahoney, a powerful Washington insider, for her assistance in gaining support from members of Congress for such a bill. Mahoney had politically elite connections and was a longtime effective advocate for expanded federal support for biomedical research. Sinex had many luncheons and dinners with Mahoney, and often brought with him medical students from Boston to attest to the importance of research on aging. And Mahoney herself had long been an ardent supporter of research on aging, particularly hoping that effective interventions could be developed to slow or reverse aging. Sinex, Binstock, and other PPC members continued to lobby Mahoney and members of Congress throughout 1970, working with Oriole to win the support of his boss, Senator Harrison Williams of New Jersey.

Williams, as Chair of the Senate Labor and Public Welfare Committee, eventually introduced The Research on Aging Act in 1971, proudly pointing out that his bill had the "strong support of the Gerontological Society, a longstanding leader in the field of geriatric research" (Lockett, p. 98). The bill passed both chambers in 1972, but President Richard Nixon vetoed the legislation at the urging of the NIH director and the Office of Management and Budget.

Undaunted, over the next two years the PPC — led by GSA President Ethel Shanas, PhD, a sociologist at the University of Illinois at Chicago — worked with Mahoney to urge Congress to approve the legislation once again. Finally, in 1974, Congress passed The Research on Aging Act for the second time. Nixon, then in the midst of calls for his impeachment, signed the legislation creating the NIA.

GSA's role in this saga came full circle at its annual meeting in New York, NY, in 1976, when it celebrated the creation of the new institute. Robert N. Butler, MD, had assumed the position of founding director of NIA in May of that year. The opening session of the meeting, arranged by Senate staffer Oriole and then GSA President Binstock, consisted of a hearing of the U.S. Senate Special Committee on Aging titled "Medicine and Aging: An Assessment of Opportunities and Neglect." As its star witness, the hearing featured Butler who delineated his priority plans for NIA to promote research and education in geriatrics.

Communication and Collaboration Between ESPO Members and GSA Fellows

The ESPO leadership has been working diligently to provide networking opportunities for ESPO members. Efforts to increase networking opportunities have improved drastically over the years, and to date, there are several networking outlets for ESPO members. During annual conferences, ESPO has consistently sponsored the following events:

- ESPO Member/Mentor Mentoring Breakfast
- ESPO Breakfast and Business Meeting
- ESPO Wine and Cheese Networking Event
- ESPO Lounge
- Campus Ambassadors Program

Outside of annual conferences, ESPO networking opportunities include:

- Blog: gsa-espo.blogspot.com
- Facebook: www.facebook.com (search for "GSA Emerging Scholar & Professional Organization")
- Twitter: www.twitter.com (search for "GSA_ESPO")
- GSA's website: www.geron.org/Students
- E-mail: gsaespo@gmail.com

My hope is that ESPO continues to increase networking and collaboration between ESPO members and established scholars and professionals such as GSA fellows. Providing opportunities for networking between emerging and established scholars/professionals can be beneficial for everyone involved. Sharing of ideas and experiences between emerging and established scholars/professionals could help to foster smoother school and career transitions.

Year-round networking and correspondence between emerging and established professionals could help our gerontology

community advance at the national and international levels. Overall, increased networking of this type may increase collaboration between emerging and established scholars and professionals that can better the field of gerontology.

My ideas for how to nurture such networking are in the infancy stages. It may be beneficial for ESPO to provide a medium for emerging scholars and professionals to network with established scholars and professionals throughout the year.

One viable option may be an ESPO database that lists current projects on which both emerging and established scholars and professionals are working; it could also track ESPO member' and GSA fellows' areas of focus. This would illustrate connections among our gerontology community's interests, passions, and expertise, connecting scholars and professionals at any stage of their careers. Students and fellows ultimately would have an open space for correspondence and thus be encouraged to initiate contact with each other.

ESPO would like to know your thoughts and ideas regarding communication and collaboration between emerging and established scholars and professionals. Would you benefit from more of these networking opportunities throughout the year? Do have ideas for how to make these networking opportunities a reality? Let's have a conversation and see how we can increase networking options and support each other in professional development.

Share your ideas with ESPO on Facebook. You can join the group "GSA Emerging Scholar & Professional Organization." Your thoughts and ideas may also be emailed directly to me at matzekae@hotmail.com. We are looking forward to receiving your ideas!

New Officer Candidates Unveiled

Ballots for the election of GSA's next officers will be available online on April 1, 2010. E-mails containing the link will be sent to all members at that time. Please make sure GSA has your correct address on file by checking your member record at www.geron.org.

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Richard Fortinsky

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Toni Calasanti
Richard Settersten

BSS Section Member-at-Large

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Jack McArdle
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Emerging Scholar and Professional Organization (ESPO) Chair

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Chivon Mingo

ESPO Secretary

Candace Brown
Lauren Martin

ESPO Technology Chair

Julie Brown
Jennifer Meagher

Four New Centers Join Roybal Ranks

The National Institute on Aging (NIA) announced that it has renewed funding for nine Edward R. Roybal Centers for Research on Applied Gerontology and designated four new Centers. The goal of the Centers is to move promising social and behavioral research findings out of the laboratory and into programs and practices that will improve the lives of older people and will help society adapt to an aging population. The support will total more than \$23.4 million over the next five years. The majority of the funding is provided by the NIA, although one of the new Centers was funded under the American Recovery and Reinvestment Act of 2009. Additional funding is supplied by the National Institutes of Health Office of Behavioral and Social Sciences Research, the Agency for Healthcare Research and Quality, the Social Security Administration and the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education. The four new Centers include facilities at Harvard University; the National Bureau of Economic Research; the University of Washington, where GSA Fellow Linda Teri, PhD, will serve as principal investigator; and a joint venture between the University of Pennsylvania and Carnegie Mellon University.

NIA Demography Centers Expand to Three Universities

The National Institute on Aging will commit more than \$36.7 million over the next five years to support and expand its Centers on the Demography and Economics of Aging. These Centers form a network of universities and organizations leading innovative studies on the characteristics of the aging population. These funds, which are derived in part from the American Recovery and Reinvestment Act, will renew support for 11 Centers and establish three new ones. All facilities investigate aspects of health and health care, the societal impact of population aging, and the economic and social circumstances of older people. Many Centers also conduct research on global aging and cross-national comparisons, and several are pioneering work on the biodemography of aging — investigating the relationships among biology and genetics, health and mortality, and life expectancy. The three new Centers will be located at Duke University; Johns Hopkins University, where GSA Fellow Emily Agree, PhD, will serve as principal investigator; and Syracuse University, where GSA Fellow Douglas Wolf, PhD, will serve as principal investigator.

Howe Named New *Gerontology & Geriatrics Education* Editor

The Association for Gerontology in Higher Education (AGHE) — GSA's educational branch — has named Judith L. Howe, PhD, as the next editor of *Gerontology & Geriatrics Education* (*G&GE*), effective January 2011. *G&GE*, AGHE's official journal, is published under the Routledge imprint of the Taylor & Francis Group.

Howe is currently an associate professor of geriatrics at the Mount Sinai School of Medicine and the associate director for education and evaluation at the Geriatric Research, Education, and Clinical Center based at the James J. Peters VA Medical Center. In addition, she serves as the director of the HRSA-funded Consortium of New York Geriatric Education Centers. She has been a member of the Editorial Board of *G&GE* since 2005.

"I am very pleased to have been named editor of *G&GE*, and look forward to upholding the high standards of the journal set by my predecessors," Howe said. "In the years ahead I will work closely with the journal's committed Editorial and Advisory Boards to ensure the publication of manuscripts which are timely, evidence-based and highlight new directions in learning and teaching, research and evaluation, curriculum development, and innovative education models in gerontology and geriatrics education."



Howe

G&GE is geared toward the exchange of information related to research, curriculum development, course and program evaluation, classroom and practice innovation, and other topics with educational implications for gerontology and geriatrics. It is designed to appeal to a broad range of learners, teachers, practitioners, administrators, and policy makers, and is dedicated to improving awareness of best practices and resources for educators.

G&GE Advisory Committee Chair Dena Shenk, PhD, headed the search committee that selected Howe.

"We interviewed a very strong pool of applicants and selecting the new Editor was truly a difficult decision. The committee believes that Judy's expertise in gerontology and geriatrics and extensive professional networks will enable her to enhance the already strong reputation of the journal," Shenk said.

Howe's career interests include gerontology and geriatric education, curriculum development, interdisciplinary teamwork, inter-professional education and training, community-based services, and public policy.

She is an elected member of the AGHE Executive Committee and was the president of the State Society on Aging of New York in 2005. She is also the immediate past president of the National Association of Geriatric Education Centers/National Association for Geriatric Education. Howe is a fellow of AGHE, GSA, and the New York Academy of Medicine.

international news

China Facing Elderly Care Crisis

The China Post has reported that more than 12 out of every 100 people in China are now over the age of 60, which puts increased pressure on the care system for the elderly, according to a report from the Xinhua news agency. The number of people above age 60 reached 160 million at the end of 2008. That figure is 12.3 percent of the country's total population of 1.3 billion. China currently has only 2.5 million beds in rest homes, despite the estimated eight million elderly people seeking accommodation in such facilities, the report said. About 10 million nurses and specialists are needed to look after those who cannot care for themselves, but care facilities for the aged have only 220,000 employees, 90 percent of whom are under-qualified.

Britain Facing Escalating Dementia Care Costs

According to the UK newspaper *The Guardian*, a new Oxford University study has found that care for dementia sufferers now costs Britain £23 billion (\$36 billion) per year. This figure is higher than the costs for cancer and heart disease combined, yet dementia research receives a disproportionately small amount of the country's research funding. The study found that the number of British people with dementia, at 822,000, is 17 percent higher than has been estimated previously and will pass the one million mark before 2025. Researchers calculated that for every pound

spent on dementia studies, £12 is spent on investigating cancer and £3 on heart disease. The report stated that the aging population was largely behind the rise in dementia and that public attitude contributed to the relative lack of research funding. Each dementia patient costs the British economy £27,647 every year, researchers found, nearly five times more than a cancer patient and eight times more than someone with heart disease. Complete details can be found online at www.dementia2010.org.

Spain May Raise National Retirement Age

Agence France Presse has reported that the Spanish government has approved a draft bill that will increase the country's retirement age from 65 to 67 years. The move is opposed strongly by the country's labor unions. The new retirement age is expected to be introduced in phases beginning in 2013 and to become fully effective in 2025. The announcement came soon after Spain's National Statistics Institute said the national unemployment rate last month reached 18.83 percent, which represents more than 4.3 million people. Government demographers forecast that the number of Spaniards over the age of 64 will double over the next 40 years, constituting nearly 32 percent of the total population. By 2049, the ratio of Spanish workers to retirees and minors will be 10 to nine.

meet the staff

A regular feature that goes behind the scenes at GSA headquarters

Ronda Enoch



Accounts Payable Assistant Ronda Enoch has been employed by GSA since August 2007. She is a native of Charlottesville, VA, and her resume includes several previous accounts payable positions in the retail industry.

Enoch is in charge of maintaining the organization's cash balances. This includes allocating, posting, and paying all bills —

not only for GSA, but for the Association for Gerontology in Higher Education and the National Academy on an Aging Society as well.

She prepares invoices for external and internal distribution; allocates expenses for copying and postage; oversees the timely processing of requests from members, subscribers, and staff; maintains inventories and back journals; and enters bank deposits into the finance database.

Upgrade Boosts - Continued from page 1

The sites' page layout also has been re-designed to ensure greater usability for readers. The articles now display contextual information in two columns alongside their content. Other usability improvements include cleaner pages and easier-to-read fonts; a floating toolbox remaining in view as the user scrolls through the page; inline expandable figures; abstracts and reference details displayed as pop-up previews; hyperlinks for keywords and authors' names; and images available as PowerPoint downloads.

Further design and functionality enhancements to the sites will be released during 2010 and beyond.

"The rebuild of the HighWire platform uses technology and standards which power the Web's top websites," said Oxford Journals Online Publishing Manager Richard O'Beirne. "It will allow GSA and Oxford to develop Web publishing services more effectively for our customers — authors, researchers, societies, and librarians."

funding opportunities

Stimulus Funds Directed Toward CER

The National Institutes of Health, supported by funds provided under the American Recovery and Reinvestment Act of 2009, invites proposals for clinical trials that use the principles of behavioral economics to enhance the uptake of the results of comparative effectiveness research (CER) among health care providers in their practices. Applicants must propose controlled trials that randomize units (whether individuals or clusters such as practices, hospitals, or larger units) to conditions. Research to foster the uptake of CER is seen to be necessary given the surprisingly modest behavioral response of health care providers and health care systems to information concerning treatments or procedures judged to be superior in CER trials. Two awards of up to \$7.5 million may be given under this funding opportunity. Complete details are available at grants.nih.gov/grants/guide/rfa-files/RFA-OD-10-001.html. Applications are due by April 7. In the January issue of *Gerontology News*, GSA Executive Director James Appleby urged members to make sure older people are adequately represented in CER.

Community Colleges Eligible for Caregiver Training Grants

The International Longevity Center and the Caregiving Project for Older Americans, with support from MetLife Foundation, invites proposals from community colleges and other two-year institutions under the 2010 Community College Caregiver Training Initiative. Its purpose is to encourage the development of new and

novel programs to train both family caregivers and in-home care workers, promote skill development, advance the quality of care, and provide opportunities for career development. The awards may be used to fund a new program or build upon existing programs. Up to 13 grants of up to \$15,000 will be awarded. Colleges that award four-year degrees are not eligible. See www.ilcusa.org/caregiving/colleges.htm for complete details. The deadline for submissions is March 31.

Monies Slated for Aging-Focused Injury Research

The National Institute on Aging, the National Heart, Lung, and Blood Institute, the National Institute on Neurological Disorders and Stroke, and the National Institute on Nursing Research are seeking grant proposals to study mechanisms and management of critical illness and injury, including trauma and neurotrauma, in aging. Studies may be mechanistic, observational, or interventional in nature. Secondary analyses of existing datasets, such as from large observational studies or clinical trials, may be proposed to understand relationships between age and clinical outcomes of interest. Animal studies are appropriate in cases where human studies are not feasible. This funding opportunity will expire on January 8, 2013. See grants.nih.gov/grants/guide/pa-files/PA-10-042.html for complete details.

Policy Fellows Program Application Deadline Approaching

The deadline to apply for a 2010 Health and Aging Policy Fellowship is April 15. This national program, supported by The Atlantic Philanthropies, seeks to provide professionals in health and aging with the experience and skills necessary to contribute to the development and implementation of health policies that affect older Americans. The program is open to physicians, nurses, social workers, and other clinicians (e.g., pharmacists, dentists, clinical psychologists) with a demonstrated commitment to health and aging issues and a desire to be involved in health policy at the federal, state, or local level. For more information, visit www.healthandagingpolicy.org.

RAND is pleased to announce the 17th annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 12-15, 2010.

The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 12-13) and a workshop on the Demography, Economics and Epidemiology of Aging (July 14-15). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2010 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

Both the Mini-Med School and the workshop are described more fully at our web site: www.rand.org/labor/aging/rsi/.

For additional information, please contact Diana Malouf (malouf@rand.org).

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health.



Yale School of Public Health
Yale University School of Medicine

Tenure-Track Faculty Position in Social Gerontology and/or Epidemiology of Aging

The Social and Behavioral Sciences Program and the Division of Chronic Disease Epidemiology in the Yale School of Public Health seek a scholar of social gerontology and/or epidemiology of aging for an Assistant or non-tenured Associate Professor position. Applicants with a research interest in inequalities, psychosocial factors, or cardiovascular health are especially encouraged to apply. The Search committee will consider applicants with interests in other areas as well. Opportunities exist to collaborate with investigators in the Yale School of Public Health (<http://www.med.yale.edu/eph/>), and other departments at Yale, such as psychology, sociology, psychiatry, and medicine. The successful candidate can take advantage of a number of resources, including the Yale Program on Aging (<http://geriatrics.yale.edu/research/>).

Applicants should have a doctoral degree in psychology, epidemiology, sociology or a related field, with a specialization in mental and/or physical health of older individuals. Also, applicants should have teaching experience, a record of research and scholarly accomplishments, and will be expected to develop an externally funded research program.

Review of applications will begin March 15, 2010 and will continue until a successful candidate is identified. Applicants should submit a curriculum vitae, statement of research and teaching interests, three reprints, and three reference letters to:

Becca R. Levy, Ph.D., Search Committee
Yale School of Public Health
60 College Street, Room 408, P.O. Box 208034
New Haven, CT 06520-8034

Yale University is an equal opportunity, affirmative action and equal access employer that values and actively seeks diversity in the work force. Minorities and women are strongly encouraged to apply.

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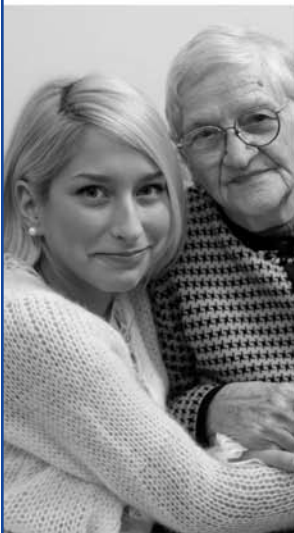
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