

gerontology news

The Gerontological Society of America

July 2010

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Celebrating 65 years | 1945-2010

Key Moment in History

1960: GSA creates a student membership category. Since that time, the number of individuals in GSA's Emerging Scholars and Professionals Organization (ESPO) has grown to account for nearly 25 percent of the Society's total membership. Keep up with ESPO's activities each month by reading the group's column (see page 7).

Website Allows for Easy Profile Updates

If you have recently graduated, moved, or changed institutions, please make sure GSA has your new address on file. This will ensure the timely delivery of your subscribed journals and newsletters. To make changes to your personal information, log in at www.geron.org in the blue box on the left side of the page, and then click "Update Profile."

Oxford Compiles Journals' Anniversary Articles

GSA's publisher, Oxford Journals, has created an online page with free access to the 65th anniversary-themed articles appearing in the Society's peer-reviewed journals throughout the year. To view the full text of the articles, visit www.oxfordjournals.org/our_journals/gsa_anniv.html.

Meeting Registration Goes Live; GSA Seeks Late Breaker Posters

Individuals are now invited to register for GSA's 63rd Annual Scientific Meeting, which is taking place from November 19 to 23 in New Orleans, LA. Early bird pricing is in effect until September 1. Starting in mid-July, the Society will accept abstracts for the meeting's Late Breaker Poster Session, for which the submission deadline is September 15. Please refer to www.geron.org/2010 for complete details.

This poster session represents a coordinated effort by GSA's Biological Sciences Section, Health Sciences Section, and the joint GSA/Association for Gerontology in Higher Education Research, Education, and Practice Committee. Abstracts may be categorized under one of these three groups. The session offers presenters a chance to share their newest and previously unreported research results. As mentioned in earlier issues of *Gerontology News*, the theme of this year's Annual Scientific Meeting is "Transitions of Care Across the Aging Continuum."

"Thanks to the Late Breaker Poster Session, researchers have yet another opportunity to make a substantial contribution to the meeting program," said Program Co-Chair Mary H. Palmer, PhD, RNC, FAAN. "The posters' cutting-edge nature makes them a major attraction for attendees."

Suggested New Orleans Travel Dates

Arrival: Evening of Thursday, November 18 (Pre-conference workshops and scientific sessions begin Friday, November 19)

Departure: Afternoon of Tuesday, November 23 (Over 60 scientific sessions are scheduled until 12:30 p.m. on this day.)

All Annual Scientific Meeting sessions will take place at the Hilton New Orleans Riverside. Its facilities include 130,000 square feet of meeting and banquet space featuring a classically opulent French-influenced design. GSA has secured discounted rates for meeting attendees at the Hilton and two other nearby

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AoA Chief To Deliver New Orleans Keynote

GSA will welcome U.S. Assistant Secretary for Aging Kathy Greenlee, JD, as the keynote speaker for the 63rd Annual Scientific Meeting's Opening Session. Her presentation will take place at 10 a.m. on Saturday, November 20.



Greenlee

Greenlee was appointed by President Barack Obama last year as the fourth assistant secretary for aging at the Administration on Aging (AoA) within the U.S. Department of Health and Human Services (HHS); she was confirmed by the Senate in June 2009. Her resume includes over 11 years of experience advancing the health and independence of older persons and their families.

"It's very exciting to welcome America's top federal aging advocate to GSA's meeting during our 65th anniversary," said GSA President Peggy Dilworth-Anderson, PhD. "As the keynote speaker, she will play a memorable role in the celebration of this milestone."

In her current position, Greenlee oversees the Administration on Aging (AoA), the federal agency responsible for advancing the concerns and interests of older people and their caregivers. She reports directly to HHS Secretary Kathleen Sebelius — the former Kansas governor for whom Greenlee once served as chief of staff and chief of operations.

The AoA works with and through the Aging Services Network to promote the development of a comprehensive and coordinated system of home and community-based long-term care that

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From the Executive Director



Members' Unique Strengths Propel GSA Bridge Building

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

Congratulations are in order for the Society's newest officers, whom we introduce on pages 8 and 9 of this month's issue! As I have said many times, the passion of those who serve in our elected positions (and on our numerous committees, task forces, and interest groups) is energizing.

Many ask, "How do I take on these roles?" The first step is to make your interest known to the appropriate nominating committee. Our website contains up-to-date committee rosters, including contact information. They can be found at www.geron.org (after logging with a username and password) by choosing Governance under the About Us menu item. Interested parties can also contact Kevin Brown on GSA's staff at kbrown@geron.org to learn more about suggesting a potential candidate.

Our volunteer leaders are integral to expanding the outreach of the entire organization. One individual who proves this point is our current president-elect, Donald Ingram, PhD. At the recent American Aging Association (AGE) annual meeting in Portland, OR, he organized a daylong pre-conference symposium, "Biology of Aging: A Meeting of the Minds to Celebrate Award Winning Science" — a session that GSA co-sponsored along with AGE and the American Federation for Aging Research.

This was the first time that these three groups joined forces, and it was made possible through Don's leadership. The symposium was very successful and the organizations are exploring ways to collaborate in a similar fashion in the future. GSA also sponsored a session called a "Student Data Blitz" at the AGE meeting, where up-and-coming researchers shared their research findings with each other. It was an inspiring evening of science and camaraderie.

The work of prominent members also has allowed the Society to make gains internationally — most recently through

strengthened ties in China. Several individuals from within GSA's Chinese Gerontology Studies Interest Group have teamed up to convene a special conference in Beijing this month. The theme will be "Collaboration to Advance Chinese Gerontological Studies: A Dialogue Between Chinese and Oversea Researchers." As part of GSA's invited delegation, I will attend with GSA Controller Jilan Chen, a Shanghai native who's been on our staff for over 13 years. Over the last several months, she has been working to maintain an ongoing dialogue with prominent Chinese gerontologists. As a result, we have recruited nearly 20 new members since the beginning of this year. These efforts allow us to share the wealth of research and expertise that the Society's collective membership represents.

To learn more about the study of aging in China, I encourage readers to visit the Member Spotlight section of GSA's website at www.geron.org/Membership/member-spotlight. There we feature a June 2010 interview with Guifang Guo, PhD, dean of the Peking University School of Nursing.

The development of an international presence is vital for the healthy growth of our Society. Thirteen percent of GSA's membership comes from a total of 48 other countries. This year, of the 3,132 Annual Scientific Meeting abstracts we received, 21 percent were from abroad.

Cultivating worldwide partnerships is especially important as GSA prepares to host the 2017 World Congress of Gerontology and Geriatrics in San Francisco, CA. I invite all members to actively spread the word about GSA's many benefits to colleagues around the globe!

Sincerely,

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Letters to the editor:

We will publish letters to the editor in response to issues raised in the newsletter. Please limit letters to no more than 350 words. Letters should include the writer's full name, address, and telephone number. Letters will be accepted or rejected at the sole discretion of the editors and may be edited for clarity or space. Send to: tkluss@geron.org

Gerontology News (ISSN 1083 222X) is published monthly by The Gerontological Society of America, 1220 L Street NW, Suite 901, Washington, DC 20005 and additional mailing offices. Subscription for members of the Society is included in annual dues. Non-member subscription rate is \$50 per year in the US or Canada. Foreign subscriptions are available for an additional \$25 to cover air mail overseas postage and special handling. News items must be submitted by the first of the month prior to publication.

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Washington, DC 20005-4018
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New Publication by Members

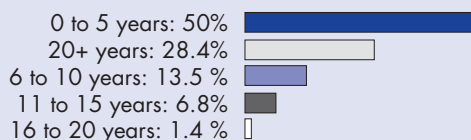
- "The Longevity Prescription," by Robert N. Butler. Published by Avery.

Members in the News

- On May 21, GSA Fellow Robert N. Butler, MD, co-authored an op-ed in *The Washington Times*. The piece argued that President Obama's new debt commission should focus on a new approach to aging that will shape the political economy. It called for policies to keep people healthy as they age, including new approaches to work, retirement planning, labor supplies, and technology.
- GSA Fellow Karen Roberto, PhD, was quoted in a recent edition of *The Gouverneur Times*. In an article about baby boomers revisiting the books of their youth, she said such an activity can provide a sense of comfort and often new insight into previous experiences and influences.
- A recent article appearing in *USA Today* featured quotes from Ryo Hirayama, PhD. He discussed the results of a recent study he co-authored in the *Journals of Gerontology Series B: Psychological and Social Sciences*, which found that older men with sexual problems could reduce their stress and unhappiness by discussing the situation with their partners or friends.
- An opinion column that recently ran in *The Orange County Register* referenced former GSA President James Birren, PhD, and his 15 commandments for responsible living in later life.

Monthly Poll Results

How long have you been a GSA member?



Number of voters: 74

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:

Michelle Matzko, 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:

Lawrence T. Force

The recipient, who became eligible after referring new member [Helen E. Odell](#), 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

GSA Staffers Walk To Celebrate Older Adults' Vitality



L to R: Kaiserman, Harootyan, Meashey, Frey, Halperin, Lieu, & O'Neill

To commemorate Older Americans Month 2010, the U.S. Administration on Aging sponsored "Age Strong! Live Long!" walks across the country, including one on the National Mall, on May 27. Seven members of the GSA staff participated: National Academy on an Aging Society Program Manager Sarah Frey, Hartford Geriatric Social Work Initiative Program Assistant Sara Halperin, Deputy Executive Director Linda Harootyan, MSW, National Academy on an Aging Society Program Assistant Dani Kaiserman, Director of New Product Development Judie Lieu, Hartford Geriatric Social Work Initiative Program Manager Julia Meashey, MA, and National Academy on an Aging Society Director Greg O'Neill, PhD. Nationally, more than 1,500 seniors, their family members and friends, service providers, and volunteers took part in the walks.

Bass Recognized for Decades of Achievement



Bass

GSA Fellow Scott A. Bass, PhD, was recently honored by the University of Massachusetts Boston for his leadership in establishing the Frank J. Manning Gerontology Certificate Program 30 years ago, in establishing the campus' Gerontology Institute 25 years ago, and for creating the PhD program in gerontology (currently the largest producer of PhDs in gerontology in the nation) and starting the *Journal of Aging & Social Policy* 20 years ago. Over 300 alumni, faculty, students, administrators, and leaders of the aging movement in New England attended a festive event, titled "Vibrant Living," which marked the milestones of these highly successful programs at the university. It was organized by GSA Fellow Nina Silverstein, PhD, and faculty leaders from the campus. GSA member Marian Spencer, RN, MA, was also recognized. Bass is currently the provost at American University in Washington, DC.

Consumer Guide Earns Award for Authors



Rantz

In April, GSA Fellow Marilyn Rantz, PhD, and GSA member Mary Zwygart-Stauffacher, PhD, received the 2010 *American Journal of Nursing* Book of the Year Award for their recently-released consumer guide, "How to Find the Best Eldercare." The book includes question and answer sections to determine the level of care needed, practical information about paying for eldercare, what to look for and questions to ask when visiting eldercare facilities, as well as a state-by-state listing of aging agencies and eldercare websites. The book is based on the authors' more than three decades of experience, original research, and research. The authors worked with residents, families, and staff members of nursing homes and assisted living facilities to develop walk-through guides and questionnaires to help consumers assess quality and choose the most appropriate services. Rantz is a professor at the University of Missouri's Sinclair School of Nursing and Zwygart-Stauffacher is the interim dean of the College of Nursing and Health Sciences at the University of Wisconsin-Eau Claire.

Legislative Scorecard Arrives in Time for All-Star Break

Baseball fans aren't the only ones who keep score during the summer months. By July, when we have the all-star break, Congress has completed half of its schedule and it's a good time to check on legislative action in our important issue areas.

All-star team: Elder Justice, Health Care Reform
Umpire's choice: NIH Appropriations, FMAP, Estate Tax

Elder Justice

The Elder Justice Act (EJA) was signed into law as part of the landmark health care reform legislation of 2010, thus ending a seven year quest by the Elder Justice Coalition to pass legislation to provide protections to seniors facing neglect, exploitation, and abuse. Now the odyssey continues with another goal: to fully fund the EJA.

The appropriations committees of the House and Senate are setting funding levels now for programs like the EJA. The EJA has an authorization, roughly defined as a specified funding level for carrying out the programs and activities defined in the legislation. However, appropriations must be conferred to the proper federal agency in order for that body to cut a check to pay for the programs and activities mandated. The EJA funding would come from the Department of Health and Human Services and the Department of Justice to be used, for example, for state and local adult protective services, for long-term care ombudsmen at the state and local levels who respond to complaints of abuse and neglect in the nation's long-term care facilities, for education and training programs for law enforcement and advocacy personnel, and for implementing an advisory council and a coordinating committee.

Another element of elder justice, the Elder Abuse Victims Act, introduced by Representative Joe Sestak (D-PA), has not made it to the president's desk. It was passed by the House and now awaits action in the Senate Judiciary Committee. This bill would require the attorney general to conduct a study evaluating state laws and practices designed to protect seniors from abuse, neglect, and exploitation; fund an Elder Abuse Victims' Advocacy Grant program; and support prosecutors and law enforcement entities that deal with elder abuse matters with policy development, training, and technical assistance.

Also in the interest of protecting seniors, under financial regulatory reform, there is a program in the Senate legislation to establish a program of grants to states to enhance protection of older adults from misleading or fraudulent marketing of financial products. The House has a provision to establish an Office of Financial Protection for Older Americans under the proposed financial consumer protection commission.

Health Care Reform

President Barack Obama has taken to senior centers to counter attacks on his health care reform plan. Republicans who are campaigning for seats in November are criticizing the new health care law as being expensive and intrusive. President Obama tells seniors the things they want to hear: the new law will cut costs by targeting Medicare fraud, waste, and abuse; the new law does not require Medicare beneficiaries to change plans; and people affected by the "donut hole" will start receiving \$250 checks within the next couple of days. (For more FAQs, see www.healthreform.gov/about/answers.html#seniors).

Unfortunately, the Congressional Budget Office (CBO), the non-partisan entity which analyzes the projected cost of legislative proposals, has increased its estimate of the costs of health care reform. The CBO's projection is now \$115 billion higher than previous estimates. It includes estimated \$5 to \$10 billion in administrative expenses for implementing the new law at both the Department of Health and Human Services (HHS) and the Internal Revenue Service. This is further ammunition for Republican campaigners who say that the legislation was forced down the throats of unsuspecting Americans.

Administration officials assert that health care reform will reduce the deficit as promised. Said Kenneth Baer, an Office of Management and Budget spokesman, "If these authorizations are funded, they must be offset somewhere else in the discretionary budget. The president has called for a non-security discretionary spending freeze, and he will enforce that with his veto pen."

Secretary of Health and Human Services Kathleen Sebelius recent told us at a meeting of the Leadership Council of Aging Organizations (LCAO) that she has \$1 billion for implementation but requires \$11 billion.

The LCAO and Seniors to Seniors have begun efforts to educate older adults and our members about the positive aspects of health care reform for older adults.

NIH Appropriations

As I reported in my March column about the federal budget, Obama advocates a three-year freeze on non-security, discretionary funding. Because the spending freeze is applied on the global level rather than the agency level, some areas of the non-security budget could receive increased funding, as long as this was offset by cuts in other areas. The National Institutes of Health (NIH) budget has received an increase of \$1 billion in the president's budget proposal (not including the additional \$1 billion received through the American Recovery and Reinvestment Act). The appropriations committees are now considering these levels. Other funds funneled to

NIH include \$150 million in mandatory appropriations for Type I diabetes research and \$8.2 million for the National Library of Medicine.

In other health related funding, the president's FY 2011 budget requested \$260 million for the Title VII health professions programs, a 2.3 percent increase over FY 2010 enacted levels. The increase is designated solely for the Title VII health workforce information and analysis programs, which is proposed at \$8.8 million, a nearly \$6 million increase over FY 2010. Funding for geriatric education was kept at its FY2010 level.

The appropriation subcommittees are now hearing testimony from NIH officials and other stakeholders regarding the FY2011 funding levels. One major caveat to remember is that neither the House nor Senate has passed a budget resolution. The House Democratic leadership is well aware that there will be no support from Republicans for a budget bill, and there is dissension within Democratic ranks about how fiscally conservative/progressive the budget bill should be. This will reflect on the work of the appropriations committees.

Another note of interest is the fact that House Appropriations Chairman David Obey (D-WI) will not be running for re-election in November, thereby allowing another committee member to take his place. (He chairs full committee as well as the Labor, HHS, and Education Subcommittee.) One of the people in line to chair subcommittee is Representative Nita Lowey (D-NY), but she already chairs the Foreign Operations Subcommittee; Representative Rosa DeLauro (D-CT), a great friend of the NIH, may have a chance at the chair.

One can only guess what level of energy Obey will have to move 12 appropriations bills to the floor, when it is very possible that they will end up in a continuing resolution at the end of the fiscal year (September 30). Such a bill could keep the government running until after the elections when an omnibus FY 2011 appropriations bill could be passed.

The Estate Tax

The 2001 tax act phased out the estate tax with a complete repeal in 2010 – for just one year. Next year, the tax reverts to the 2001 rate: \$1 million exempted and the rest taxed at a 55 percent rate. The House of Representatives passed legislation to readjust the estate tax to the 2009 level: a \$3.5 million exemption with a 45 percent tax rate on the remainder of the estate. Obama agreed with the House version of the estate tax and proposed the same rate in his FY2011 budget. The 2001 level brings in more revenue for the government, while the 2009 level (proposed by the House and the president) allows individuals to keep more of their inheritance. Senators Jon Kyl (R-AZ) and Blanche Lincoln (D-AR) had initiated negotiations for an estate tax proposal of \$5 million exempted and a 35 percent tax rate, but under this proposal, the government's revenue would decrease (as compared with the House/Obama proposal), making the it subject to the pay-as-you-go rules. (If revenue goes down, money must be recouped from some other source.) This obstacle, among others, has stalled progress on Senate action. The Senate has failed to

address this issue prior to 2010, when the estate tax expired. There are now cases where individuals have died this year and the Congress may try to tax their estates retroactively.

Medicaid

The Medicaid Federal Medical Assistance Percentage (FMAP) — the federal match for state Medicaid programs — has had a roller coaster ride through Congress in the last six months. In the American Recovery and Reinvestment Act, the percent match was increased as a way to help states pay for their Medicaid expenses. The FMAP increase was to last until December 2010, but early this year, the Senate approved a six-month extension for this program. More than half of the states developed their 2011 budgets with this increase in mind. The House of Representatives just passed its version of the so-called “Extenders Bill” (H.R. 4213) in May without the FMAP extension. The Extenders Bill was to extend the FMAP increase, as well as extend some unemployment insurance through November 30, prevent a scheduled cut to physician payments under Medicare through 2011, and revive expired tax breaks. However, a great many moderate and freshman House Democrats were leery of the price tag of the extension (\$24 million), and so it was stripped from the bill, physician pay cuts went into effect, and COBRA increases expired.

The Extenders Bill is a challenge in the Senate, as concerns about deficit spending become more vocal and widespread among legislators and the public. In March, six Republican senators voted for an earlier version of the Extenders Bill that had a higher price tag than the current one (\$98.6 vs. \$78.7 billion). Senator Ben Nelson (D-NE) said he wasn't convinced that the \$24.2 billion in Medicaid funding (the FMAP) should be considered emergency funding (and therefore not required to be offset as mandated by pay-as-you-go rules). Senate Majority Leader Harry Reid (D-NV) is in the unenviable position of trying to convince moderate Republicans and Democrats that funding the bill's programs (like FMAP, COBRA, unemployment benefits, etc.) is necessary. The bill's supporters contend that the funds are necessary to continue to help Americans hurt by the recession, while detractors keep saying, “Well, how do you pay for it?”

In an effort to help the Extenders Bill, Senator Baucus (D-MT), chair of the Finance Committee, removed the provision on the Medicare physician pay cut prevention and proposed it as a separate bill (which then passed and was sent to the House). At the time of this writing, the House leadership has refused to act on the bill, demanding that the Senate act on the jobs legislation first. If the House does pass the bill, physician payments from Medicare would not be cut by the scheduled 21 percent, but CMS is preparing to send checks with the cuts. The bill would increase Medicare payment rates to doctors and other health care professionals by 2.2 percent.

The Senate continues to debate the remaining provisions of H.R. 4213 at this writing. If they do pass a version of the Extenders Bill, the legislation must still go back to the House for approval. As this story unfolds, Policy News will include available updates on the legislation.

funding opportunities

Annual Hartford Doctoral Fellows Deadline Approaching

The Hartford Doctoral Fellows Program, which GSA administers, is accepting applications until August 2. This component of the nationwide Geriatric Social Work Initiative provides students with substantial financial support and professional development, prepares them for tenure track faculty positions at major universities, and offers them the opportunity to become leaders in an elite network of scholars. Grants of \$25,000 a year for up to two years are available for students writing dissertations in the gerontological or geriatric social work fields. For more information, visit www.gswi.org.

RRF Seeks Proposals for Grant Projects

The Retirement Research Foundation (RRF) is currently accepting proposals for its grant application deadline on August 1. Future deadlines are February 1, May 1, and August 1 each year. The RRF is devoted solely to serving the needs of older persons in the U.S. Through its General Grants Program, the RRF supports direct service, advocacy, research to improve quality of life and independence for vulnerable older adults, and education and training programs for professionals working directly with elders. Of special interest are proposals that address mental health, care coordination, person-centered long-term services, economic security, and affordable housing with supportive services. Research, advocacy, and other projects of national relevance are considered from throughout the U.S. Direct service requests are limited to seven states: Illinois, Kentucky, Missouri, Wisconsin, Iowa, Indiana, and Florida. The RRF does not fund operating support or capital projects. Please send a letter of inquiry or contact the RRF before submitting a request. To learn more, visit www.rrf.org.

NIH Welcomes Partners on Neurotherapeutic Drug Research

The National Institutes of Health (NIH) has announced a unique opportunity for investigators working with molecular probe compounds to gain access to a robust “virtual pharma” drug development network to develop neurotherapeutic drugs. Successful applicants to this initiative will be collaborative participants in this network, receiving both funding and no-cost access to contracted drug development services that are not typically available to the NIH-funded research community. Funding will be provided through a cooperative agreement to conduct biological testing of compound analogs in disease assays and models in the investigator’s laboratory. Researchers who have disease assays and small molecule compounds that show promise for treating nervous system and psychiatric disorders, but that are not yet suitable for clinical testing, are strongly encouraged to apply. Investigators funded through this funding opportunity will be active partners in the design and implementation of the drug development strategy in collaboration with an NIH-appointed advisory panel of drug development experts. This program is structured to allow investigators to maintain control of the intellectual property generated using their assays and starting compounds and to pursue commercialization of compounds that are developed within the program. This program was established by the

NIH Blueprint for Neuroscience and will consider applications for nervous system disorders within the missions of any of the 16 participating NIH institutes (including the National Institute on Aging). Disorders of interest include, but are not limited to, neurological, psychiatric and developmental disorders, dementias of aging, diseases and disorders of the eye or ear, and drug and alcohol dependence and addiction. It is anticipated that funded projects will carry direct costs of up to \$125,000 per year for in vitro and/or in vivo bioactivity screening. This funding opportunity expires August 11.

Grants Available for Disability Studies

The National Science Foundation invites research proposals that will lead to new technology, devices, or software that will benefit persons with disabilities. Research may be directed toward the characterization, restoration, and/or substitution of human functional abilities or cognition, or the interaction of persons with disabilities and their environments. Emphasis is placed on significant advancement of fundamental engineering and scientific knowledge rather than on incremental improvements. Applications will be accepted from August 15 to September 23. For complete details, visit www.nsf.gov/funding/pgm_summ.jsp?pims_id=501021.

Federal Monies Slated for Dietary Intake Research

Several agencies within the National Institutes of Health have issued a call for research proposals that will lead to improvements in the quality of measurements of diets and dietary intake and physical activity as they relate to body weight and excessive weight. Innovative proposals are sought that deal with instruments and their evaluation; improved technology; tools for assessment of culturally-diverse populations; statistical methods for eliminating or correcting errors or biases; and other topics. The deadline for the next round of funding for this grant opportunity is October 5. Visit grants.nih.gov/grants/guide/pa-files/PAR-09-224.html for further information.

Postdoctoral Scholars Program To Focus on Population Health

The Robert Wood Johnson Foundation Health & Society Scholars program provides two years of support to postdoctoral scholars at all stages of their careers to build the nation’s capacity for research and leadership to address the multiple determinants of population health and contribute to policy change. The program is based on the principle that progress in the field of population health depends upon multidisciplinary collaboration and exchange. Its goal is to improve health by training scholars to investigate the connections among biological, genetic, behavioral, environmental, economic and social determinants of health; and develop, evaluate and disseminate knowledge, interventions and policies that integrate and act on these determinants to improve health. Up to 18 scholars will be selected for two-year appointments beginning in the fall of 2011. Scholars will receive an annual stipend of \$89,000. The application deadline is October 1. Visit www.healthandsocietyscholars.org for complete details.

Transitions (Part 1): Undergraduate and Graduate School

This is the first of a two-part series on transitions experienced by emerging scholars and professionals. ESPO members, following personal and professional aspirations, often know that they want to work with an aging population, but what does training for a career in aging involve? Most training involves at least an undergraduate degree in addition to advanced training, such as graduate school, medical school, or specialized certification. Transitioning into a gerontology-related undergraduate or graduate program can be both an exciting and challenging experience. This month's newsletter examines this transition in more detail to examine transitions into and transitions within gerontology-related undergraduate and graduate programs that have impacted and continue to impact the lives of emerging scholars and professionals.

Finding and choosing a gerontology-related undergraduate and/or graduate program are often two of the first hurdles to obtaining a career in aging. Gerontology-related programs are becoming more visible, but can sometimes be difficult to locate. The Association for Gerontology in Higher Education (AGHE) recently came out with the 8th edition of "The Directory of Educational Programs in Gerontology and Geriatrics." This publication provides a comprehensive list of programs of interest to ESPO members and can be purchased on the AGHE website or obtained at no cost through most school libraries. It also can be beneficial to discuss potential programs with colleagues, search for programs on any various search engines, or look at the universities from which scholars and professionals are publishing.

Choosing the right program for you can be challenging because there are many factors to consider. For example, availability and expertise of faculty members, funding, prestige of the program, geographic location, courses offered, and other various training opportunities are at the

forefront of many students' radars for gerontology-related programs. The fit between the specific program and your professional and personal aspirations are pertinent and should not be taken for granted. It is extremely beneficial to visit campuses and programs of interest to get a feel for the environment and the community in which you are interested in investing much of your time. It will also be important to consider whether you are interested in aging-related research and/or practice so that you can identify programs that offer the training you are most passionate about attaining.

Transitioning into an undergraduate or graduate program in gerontology or geriatrics can be stressful, but can also offer many exciting opportunities. Emerging scholars and professionals are encouraged to seek opportunities for professional development, such as research assistantships, teaching assistantships, publishing opportunities, clinical hours, presenting at conferences, volunteering, and involvement in student groups such as ESPO. As a student, it is common to experience transitions between research and teaching assistantships in order to gain experience, different perspectives, and various levels of training in your particular field of interest. These transitions and experiences are excellent ways to prepare for future career goals.

There are also personal transitions occurring during this time that can impact professional choices and experiences. These may include geographic mobility, creating new friendships and work relationships, partnering and having children, loss of family members, and personal development and growth. As many experts would agree, it is important to find balance in life and to find ways to enhance both personal and professional aspirations. This is easier said than done for most emerging scholars and professionals, but nonetheless an important factor to consider.

meet the staff

A regular feature that goes behind the scenes at GSA headquarters

Jason Hawthorne Petty



Meetings and Exhibits Registration Coordinator Jason Hawthorne Petty joined the GSA staff in October 2009. He is a 12-year veteran of the meetings industry and holds a Certified in Exhibition Management accreditation from the International Association of Exhibitions and Events. Prior to joining GSA, he worked for the National

Association of Mortgage Brokers. Petty is originally from Maine and received a bachelor's degree from Wheaton College in Massachusetts.

He plays a key role in the planning, managing, and execution of GSA's Annual Scientific Meeting and the Association for Gerontology in Higher Education's Annual Meeting and

Educational Leadership Conference. Petty is responsible for managing registration processes and exhibitor sales and retention. This involves supervising all aspects of the exhibit process, including prospecting for new exhibitors, reporting, strategic planning, marketing, follow-up communications, and invoicing for all events with exhibits. He additionally oversees the sale of advertisements for meeting program materials and *Gerontology News*.

At the meetings, he provides support to exhibitors, registrants, and other customers; assists in the development of meeting specifications, banquet event orders, and all other logistical considerations; and directs the on-site management of the Exhibit Hall, registration, signs, daily session sheets, staff training information, staff office information, and room set-up confirmations.

The Election Re

GSA congratulates the following successes
at the conclusion of the 2011

Society-Wide



President-Elect

Nancy A. Whitelaw, PhD
National Council on Aging

Behavioral and Social Sciences Section



Chair-Elect

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Virginia Polytechnic Institute and State University



Member-at-Large

Susan Krauss Whitbourne, PhD
University of Massachusetts Amherst



Member-at-Large

Jack McArdle, PhD
University of Southern California



Member-at-Large

Laura Sands, PhD
Purdue University

Bylaws

Members of
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Biological Sc
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GSA is current
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Biological Sciences Section



Chair-Elect

William Sonntag, PhD
University of Oklahoma Health Sciences Center

Health Sciences Section



Chair-Elect

Donna Bliss, PhD, RN, FAAN
University of Minnesota School of Nursing

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Social Research, Policy, and Practice Section



Chair-Elect

Nina Silverstein, PhD
University of Massachusetts Boston

Emerging Scholar and Professional Organization



Chair-Elect

Chivon Mingo, MA
University of South Florida



Secretary

Candace Brown, MA, MEd
Seasons of Life, LLC



Technology Chair-Elect

Julie Brown, MEd
University of Kentucky

new resources

CDC Report from GSA Meeting Goes Online

“Promoting Preventive Services for Adults 50 to 64: Community and Clinical Partnerships,” a report issued by the U.S. Centers for Disease Control and Prevention (CDC) at GSA’s 2009 Annual Scientific Meeting, is now available in an online, interactive format at www.cdc.gov/aging. The new version allows users to obtain summary national, regional, state, and local data by indicator as well as by locale for the 14 preventive services featured in the report. Information in the report can be used to inform program planning, policy development, and resource allocation for improving health and quality of life among this population. With the online version, users can access data and confidence intervals for comparison between and among geographic locations for the indicators. Another unique feature is the ability to create and print customized reports featuring indicator data, graphics and complementary calls to action, and summaries of spotlighted evidenced-based successful strategies. Usability testing was conducted to assure ease of use and ready access to the extensive data and complimentary features and resources.

Toolkit To Enhance Communities’ Aging Preparedness

The Center for Civic Partnerships has produced a new toolkit outlining a community-based planning process to promote healthy aging. “Aging Well in Communities: A Toolkit for Planning, Engagement & Action,” available at www.civicpartnerships.org/docs/services/CHCC/aging-well.htm, is a user-friendly guide to help local governments, human service providers, community groups, and other partners plan to address both the challenges and opportunities facing the nation. The toolkit is based on the center’s research and experience over the past several years assisting communities in planning for healthy aging. Additionally, *Public Management* magazine featured an article addressing the topic in May 2010 issue, available at icma.org/pm/9204. The Center for Civic Partnerships’ mission is to provide leadership and management support to build healthier communities and more effective nonprofit organizations. Its parent organization is the Public Health Institute (PHI), one of the largest and most comprehensive public health organizations in the U.S.

Nursing Forum Summary Goes Online

The Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine (IOM) has released a summary document encapsulating the presentations and discussions from the Forum on the Future of Nursing: Community Health, Public Health, Long-term Care and Primary Care held in December 2009. The Initiative on the Future of Nursing seeks to transform nursing as part of larger efforts to reform the health care system. As part of this Initiative, three forums were held to explore challenges and opportunities in nursing. The second forum, on December 3, 2009, was held in Philadelphia, PA. More than 600 health care leaders attended this forum in person and via webcast.

The speakers discussed opportunities in which nurses can play a role in ensuring patients in all settings receive the best possible care. The IOM will use the perspectives and ideas summarized in this document to inform a final report on the future of nursing, expected to be released in October 2010. To download a copy of the summary, visit www.iom.edu/nursing.

Costs Jump for Medicare Patients’ Brand-Name Drugs

According to the recently released “AARP Rx Watchdog Report,” brand-name prescriptions drug prices have jumped nearly 10 percent in the past 12 months — representing the biggest spike in eight years. The report found that the cost of prescription drugs most commonly used by those in Medicare rose 9.7 percent over the 12-month period ending in March. It also concluded that despite the price increase for brand names, the cost of generic drugs declined by an average of 9.7 percent. The study found that the average yearly costs for a person taking three generic medications dropped by \$51, compared with a \$706 increase for people taking three comparable brand-name prescriptions. To learn more about the study, visit www.aarp.org/health/drugs-supplements/info-05-2010/brand_name_drug_prices_jump.html.

New Site Tracks Health Care Reform Implementation

The George Washington University School of Public Health and Health Services and the Robert Wood Johnson Foundation have teamed for a new resource, Health Reform GPS. It is a web-based tool that offers information and insights related to implementation of the new health care reform law. Users will be able to comment on the information posted. For more information, visit www.healthreformgps.org.

Publication Pair Offers Advice for LGBT Boomers

The MetLife Mature Market Institute is making “Planning Tips for LGBT Individuals and Couples,” available free to the public to follow up on its study, “Still Out, Still Aging: The MetLife Study of Lesbian, Gay, Bisexual, and Transgender Baby Boomers.” Compiled with SAGE (Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders), the publication offers guidance and advice to LGBT Boomers in the areas of legacy planning, employee benefits, health care, financial and retirement planning. The MetLife Mature Market Institute’s tips focus on key areas that require attention to assure that one’s heirs receive what is intended and that people’s wishes regarding health care decisions are honored. For individuals, the tips aim to help one enjoy financial security and employee benefits during working years and in retirement. The publication identifies documents and planning tools recommended for estate, health care, financial and retirement planning, as well as optimization of employee benefits. “Planning Tips for LGBT Individuals and Couples” and “Still Out, Still Aging: The MetLife Study of Lesbian, Gay, Bisexual, and Transgender Baby Boomers” can be downloaded from www.maturemarketinstitute.com.

hotels, the Embassy Suites Hotel New Orleans and Doubletree Hotel New Orleans. These three properties are in close proximity to popular New Orleans attractions, such as the French Quarter, the Warehouse/Arts District, Jackson Square, and the Aquarium of the Americas. To take advantage of the special lower room pricing, visit the Hotel and Travel section at www.geron.org/2010.

Because the 2010 meeting schedule differs slightly from that of last year, GSA recommends that attendees arrive on the evening of Thursday, November 18, and depart after 2 p.m. on Tuesday, November 23. Pre-conference workshops and regular scientific sessions both begin on Friday, November 19. The Opening Session, with U.S. Assistant Secretary for Aging Kathy Greenlee, JD, will take place on the morning of Saturday, November 20. GSA's 65th Anniversary Celebration: An Evening with Anna Deavere Smith is scheduled for Monday, November 22, and scientific sessions will conclude midday on Tuesday, November 23.

The program schedule includes seven presidential symposia approved by President Peggye Dilworth-Anderson, PhD:

- Behavioral and Social Sciences Presidential Symposium: The Great Transition: How Mortality Organizes Behavior in Later Life (Chair: David Ekerdt, University of Kansas)
- Biological Sciences Presidential Symposium: What is the Measure of a Good Old Age? Transitions and Trends Across the Gerontological Continuum (Chair: Kathryn de Medeiros, The Copper Ridge Institute)
- Health Sciences Presidential Symposium: Changes in Latitudes, Changes in Attitudes: Transitions of Care in Times of Disaster and Poverty (Chair: Cathy Alessi, University of California, Los Angeles)
- Social Research, Policy, and Practice Presidential Symposium: Long-Term Care in Diverse Populations: Trends, Myths and Realities (Chairs: Letha Chadiha, University of Michigan; David Biegel, Case Western University)
- Emerging Scholar and Professional Organization Presidential Symposium: The Struggle Between Personal & Professional Identity: Transitioning From Student to Emerging Scholar and Professional (Chair: Natalie Leland, Brown University)

- Association for Gerontology in Higher Education Presidential Symposium: Environmental Transitions and the Meaning of Home in Old Age: Educational Perspectives (Chair: Graham D. Rowles, University of Kentucky)
- Presidential Symposium: Transitions of Care Across the Aging Continuum: Intersection of Driving Cessation and Caregiving (Chairs: Cathleen Connell, University of Michigan; Marla Berg-Weger, St. Louis University)

GSA has also finalized the list of preconference workshops. Participants are encouraged to sign up in advance because on-site registration for these sessions — all scheduled for Friday, November 19 — will be on a first-come, first served basis. Information on fees (which are non-refundable) and times can also be found at www.geron.org/2010. The following workshops will be offered:

- Aging and Disability Resource Centers as Key Facilitators in Care Transitions (Chair: Joseph Lugo, Administration on Aging)
- Developing and Implementing Research on LGBT Older Adult Populations (Chair: Karen Taylor, Services & Advocacy for GLBT Elders (SAGE))
- Mixed Methods for Evaluating Educational Interventions in Support of Evidence Based Practices (EBPs) (Chair: Julianne Manchester, Case Western Reserve University at Metro Health)
- The Evolving Nature of Long-Term Care Research: A Field in Transition (Chairs: Sheryl Zimmerman, University of North Carolina at Chapel Hill; Nicholas Castle, University of Pittsburgh)
- Using Film and Digital Media in Aging Research (Chair: Anne Basting, University of Wisconsin-Madison Center on Age and Community)
- An Introduction to Project Talent Data: Understanding the Impacts of Early Life Experiences on Later Life Outcomes (Chair: James W. McNally, University of Michigan)
- Introduction to Medicare Part D Data for Research (Chair: Alexander Marshall McBean, Research Data Assistance Center, University of Minnesota)
- Making Your Research Count: Strategies for Informing Minority Aging Policy: An NIA Translational Conference to Promote the National Research Council's Recommendations for Minority Aging Research (Chair: Carmen R. Green, University of Michigan Medical School)

Continued from page 1 - AoA Chief To Deliver New Orleans Keynote

is responsive to the needs and preferences of older people and their family caregivers. With funding from the Older Americans Act, the AoA runs more than two dozen wide-reaching programs, including the Alzheimer's Disease Supportive Services Program, the National Center for Senior Benefits, the National Center on Elder Abuse, the Lifespan Respite Care Program, and the American Recovery and Reinvestment Act Prevention Funding Opportunity.

For fiscal year 2010, the AoA budget was increased by \$22 million to a total of \$1.5 billion and includes additional money earmarked for spending on nutrition, home and community-based services, long-term care, and Native American programs. The agency plays an important role in addressing the health, prevention, long-term care and civil rights needs of elderly individuals. In addition, the AoA provides supportive services for elderly minority groups, including women and caregivers.

Prior to becoming assistant secretary, Greenlee served as secretary of aging for the state of Kansas. In that capacity, she led a cabinet-level agency with 192 full-time staff members and a total budget of \$495 million. Her department oversaw the state's Older Americans Act programs, the distribution of Medicaid long-term care payments, and regulation of nursing home licensure and survey processes. She also served on the board of the National Association of State Units on Aging.

Earlier in her career, Greenlee was the state long-term care ombudsman in Kansas, and the state's assistant secretary of aging. She also served as general counsel at the Kansas Insurance Department. During her tenure there, she led the team of regulators who evaluated the proposed sale of Blue Cross/Blue Shield of Kansas, and oversaw the Senior Health Insurance Counseling for Kansas program.

Greenlee is a graduate of the University of Kansas with degrees in business administration and law.

Brookdale Bestows Funds to NYU Nursing Program

The New York University (NYU) College of Nursing has received a \$300,000 grant from the Brookdale Foundation to support scholarships for geriatric nurse practitioners who seek to enroll in the college's Doctor of Nursing Practice (DNP) degree program. The DNP program, introduced in the spring of 2010, prepares advanced-practice nurses to become leaders in clinical care and in academia. By helping to grow the ranks of geriatric doctors of nursing practice, the Brookdale grant will support improved clinical outcomes for older adults and increase the supply of faculty who will teach the next generation of nurses to care for a rapidly aging U.S. population. The NYU College of Nursing is one of the nation's top-ranked geriatric nursing programs, and its Hartford Institute for Geriatric Nursing is a powerhouse for education research and practice in the field. The new Doctor of Nursing Practice program is a professional practice doctorate comparable to those of other health professions such as medicine, dentistry, pharmacy, and physical therapy. This degree positions advanced-practice nurses to assume clinical leadership positions in health care organizations and become clinical faculty in advanced nursing education programs. One of the nine interrelated clinical specialties included in the DNP program is the Geriatric Nurse Practitioner role.

Federal Grant To Bolster Minnesota Center's Nursing Efforts

The University of Minnesota School of Nursing's Hartford Center of Geriatric Nursing Excellence received a three-year federal grant from U.S. Department of Health and Human Services Health Resources and Service Administration to work with schools of nursing and their nursing home clinical partners to develop exemplary clinical experiences for students in nursing homes. To increase the clinical teaching capacity of faculty in nursing home settings, the project will provide regional workshops for faculty in associate and baccalaureate nursing degree programs in North Dakota, South Dakota, Minnesota, Wisconsin, and tribal colleges. An innovative component of the faculty development program is that it will be conducted in partnership with nursing staff from the nursing homes where students will learn. An online version of the faculty development program will be targeted to all associate degree and baccalaureate programs in the U.S. The four states targeted for this project are ranked in the top half for the percentage of people over the age of 65, with an even higher ranking for adults age 85 and older. North and South Dakota consistently rank higher than most states for the largest percentage of persons over the ages of 65 and 85. By 2020, they are expected to be the two leading states with a population of persons over age 85. Wisconsin and Minnesota are currently ranked in the top 15 states for adults age 85 and older. Established in 2007, the Minnesota Hartford

Center of Geriatric Nursing Excellence is one of nine centers in the country funded by the John A. Hartford Foundation. Its mission is to advance the care of older adults by preparing outstanding nursing faculty from diverse backgrounds who can provide leadership in strengthening geriatric nursing at all levels of academic nursing programs.

Gainesville School Prepares for AGHE Program of Merit Status

At a recent meeting, the University System of Georgia Board of Regents approved Gainesville State College's request to establish a Bachelor of Arts in Human Services Delivery and Administration degree. The new degree program will begin in the fall of 2011. Its goal is to provide future professionals with the knowledge and skills necessary to serve individuals, families, groups, and communities, and to support human services functions. The program includes emphases in administration and evaluation, gerontology, and an additional specialty track for sign language interpreters, within the context of public health and social service agencies. The program incorporates established practices in programmatic and curricular content in the fields of human services and gerontology, allowing future designation as a program of merit by the Council for Standards in Human Services Education and by the Association for Gerontology in Higher Education (AGHE). It also builds upon a robust, institutional service-learning program that has links to over 80 service organizations with which GSC has developed relationships.

Widower's Donation Benefits Denver Aging Research

The University of Denver will use a \$17.5 million gift to establish a center for the study of aging and to support the School of Hotel, Restaurant, and Tourism Management in the university's Daniels College of Business. The donation from Betty Knoebel, widow of Denver food services pioneer Ferdinand "Fritz" Knoebel, includes the 996-acre B Bar K Ranch, valued in excess of \$10 million, and a future cash commitment. It is among the largest gifts the university has received in its history. The Knoebel Center will expand the university's role in interdisciplinary research on aging and aging-related conditions. Faculty positions will be added in molecular life sciences and bioengineering. When the ranch is eventually sold, the university will apply up to \$10 million from the net proceeds to help fund construction of facilities to house the Knoebel Center and support its programs and research. Knoebel's husband was a Denver native who founded the Nobel Mercantile Co., a bakery distributor, in 1929. He turned the business into the largest privately-owned food service distribution company in the country.

French Oppose Raise in Retirement Age

The Reuters news agency has reported on a new Harris Interactive poll, which showed that most French people are against raising the retirement age from 60 years as part of government plans to overhaul the pension system. Although 80 percent of participants agreed that reform was needed, only 39 percent supported the idea of working until they were older. French President Nicolas Sarkozy has pledged to overhaul the pension system to help tackle the country's social security deficit, and is expected to raise the official retirement age. The deficit has climbed steadily in recent years and doubled in 2009. Harris Interactive surveyed 1,073 people aged 15 and over for the poll.

British Grandparent Care Not Fully Recognized

According to the BBC News website, a new report by Grandparents Plus claims one in three mothers in the U.K. rely on grandparents to provide childcare. It states that UK is lagging behind other European countries by failing to recognize the role grandparents play in looking after children. The report, written in partnership with the Beth Johnson Foundation and the Institute of Gerontology at King's College London, found that many grandparents struggled to juggle work and childcare without financial support. It said that a number of EU countries had taken steps to help grandparents. This included measures to allow parents to transfer parental leave to grandparents, letting working grandparents take time off if their grandchild is sick and, in some circumstances, paying them for the care they provided. The report acknowledged that starting in April 2011, grandparents in the UK would be able to claim National Insurance credits for the care they provided. Research carried out for the report found that seven out of 10 grandparent carers thought they should be paid through tax credits or childcare vouchers for childcare. Nearly half of all U.K. grandparents who looked after their grandchildren said they would opt for flexible working if they were allowed. Additionally, 53 percent of grandparents aged between 45 and 54 thought grandparents should be given time off work when a grandchild is born.

India Preparing to Address Labor Shortages in Developed Countries

India's *The Telegraph* newspaper recently reported that the country is drawing up its first set of qualification rules for vocational education programs aimed at creating a bank of skilled manpower for aging developed nations over the coming decades. The Indian Ministry of Human Resource Development and Ministry of Labour are working to establish a vocational education qualifications framework to end the country's dependence on informal training with no standards. Currently only 5.3 percent of India's population is older than 65, while 63 percent is between the ages of 15 and 65, which comprises the working population in the

country. In contrast, many developed countries are facing a decreased proportion of their workforce to their retired population — largely a consequence of decreasing birth rates and improving healthcare. The U.S. census bureau has projected that the E.U. will witness a 14 percent decrease in its workforce by 2030.

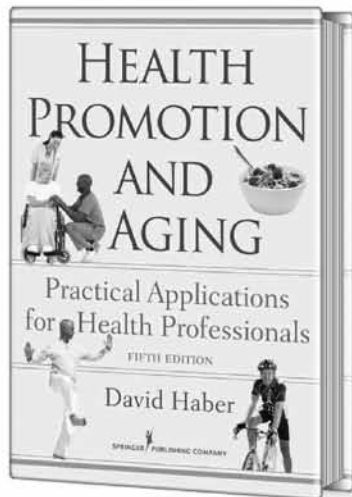
Italian Women's Retirement Age Under Scrutiny

A recent article from the Associated Press stated that the European Commission has called on Italy to make an immediate change to rules that allow female civil servants to retire far earlier than their male co-workers. Italian men working in public administration can retire at age 65, while women can currently retire at age 60. Italy is slowly increasing the retirement age for women on an annual basis, but they will not be eligible for retirement at age 65 until 2018. The European Commission, which called for an immediate increase Thursday, can ask the E.U. courts to force Italy to change its rules under the threat of daily fines. Separately, EU officials have called on Europeans to work longer to reduce the high cost of pensions to debt-laden governments. Italy currently has the highest level of debt in the 27-nation bloc.

AGE General Assembly Adopts European Charter of Elder Rights

At its 2010 general assembly, AGE Platform Europe — a network of 150 aging-related organizations — agreed to strengthen work on the fight against elder abuse, the promotion of quality long-term care services, calls for greater cooperation and solidarity between generations to help develop fairer and more sustainable social models. The coalition called on the European Commission to promote greater cooperation and solidarity between generations as a response to the present crisis and to propose 2012 to be the European Year on Active Ageing and Intergenerational Solidarity; member states to adopt an adequate minimum pension as a tool to fight poverty and social exclusion among older people; E.U. institutions and member states to adopt European mandatory quality standards for long-term care as a tool to fight elder abuse and promote the dignity and well being of older people; and member states to fight age discrimination both in and outside employment and remove barriers that prevent older citizens from enjoying their fundamental freedoms as any other E.U. citizens. In line with its policy objectives to combat elder abuse and protect the dignity and well-being of older people who become dependent, the AGE Platform Europe General Assembly adopted a European Charter of the Rights and Responsibilities of Older People in Need of Long-Term Care and Assistance, which will serve as a basis for their work on European quality standards for long-term care. This European Charter aims to raise awareness of the rights that everyone, regardless of their age and ability, should continue to enjoy. The charter also seeks to empower potential victims to protect themselves.

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This fifth edition of *Health Promotion and Aging* has been substantially revised and updated with multiple new sections, topics, and terms in each chapter. Dr. Haber presents a wide scope of cutting-edge topics, including gay aging, social networking, brain games, the Obama administration’s health care reform, mental health parity, Exploritas, Wii-habilitation, elderspeak, and more.

This book defines healthy aging by illustrating how to prevent disease and make large-scale improvements toward health and wellness. The book also distinguishes the physical versus emotional aspects of aging. In addition, new chapters provide detailed descriptions of the author’s own comprehensive exercise program that includes aerobics, strength-building, flexibility and balance, and health education.

Key Topics:

- Health care, Medicare, Medicaid, and the quality of care
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- Exercise, nutrition, and weight management
- Complementary and alternative medicine
- Community health, organizations, and model health promotion programs

The new edition has been entirely revamped to include assessment tools, checklists, and pop-up boxes to provoke lively classroom discussion for students. An ancillary instructor’s guide is also available.

May 2010 · 978-0-8261-0598-1 · 616 pp · Hardcover · \$80.00

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GSA Seeks Papers for Senior Service America Senior and Junior Scholar Awards for Research Related to Disadvantaged Older Adults

- Recognizing paper or poster PowerPoint submissions that advance the knowledge and understanding of the capabilities, contributions, challenges, and concerns of disadvantaged older adults; especially those who are low-income and minority group members
- The Senior Scholar Award \$1,000 cash prize
- Junior Scholar Award \$500 cash prize

The winners will be recognized at GSA's Annual Scientific Meeting in New Orleans, LA, in November.

Open to all GSA Membership

Entries are due by September 27, 2010

Learn more at www.geron.org



Cohen Creativity Award Nominations Welcomed

The Gene D. Cohen Creativity and Aging Research Award recognizes a professional whose research clearly shows that creative activities, particularly arts programs, can maintain and even improve the physical, emotional, and cognitive well being of older adults.

The winner will be recognized at GSA's 63rd Annual Scientific Meeting in New Orleans, LA; Travel, lodging (up to \$1,000) and registration will also be provided.

Deadline for Nominations: August 2, 2010

Visit www.geron.org for more information.



Social Gerontology Award

The Gerontological Society of America, in collaboration with the American University, is hosting a best paper competition in the area of Theoretical Developments in Social Gerontology.

Submission Deadline: September 27, 2010

Papers outlining theoretical frameworks that cross disciplinary boundaries and the single disciplinary theoretical paradigm are encouraged. Papers examining the aging individual in a larger societal, economic, temporal, cultural, physical, and environmental context are welcomed.

A cash award of \$2,000 is being made available for the winning paper to encourage this important and promising theoretical work in Social Gerontology.

Email inquiries and submissions to awards@geron.org.

Visit the Awards section of www.geron.org for details.



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