Newman Named as Medical Sciences Editor

GSA has named Anne B. Newman, MD, MPH, of the University of Pittsburgh as the next medical sciences editor-in-chief of The Journal of Gerontology, Series A: Biological Sciences and Medical Sciences, effective January 2017.

“We are elated to announce that Dr. Newman has accepted this assignment,” said Panayiotis Tsitouras, MD, chair of GSA’s Editor Search Committee. “She is exceptionally qualified to fulfill this role as she has already served as an associate editor for several years, published more than 600 original peer-reviewed papers related to aging, and has been the recipient of numerous research grants and awards over her long, successful career.”

The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences is published by Oxford Journals on behalf of GSA. Its medical sciences section contains peer-reviewed articles representing the full range of medical sciences pertaining to aging, including basic medical science, clinical epidemiology, clinical research, and health services research for professions such as medicine, dentistry, allied health sciences, and nursing. It also publishes articles on research pertinent to human biology and disease. For six consecutive years, the journal has had the highest impact factor of publications ranked in the gerontology category of Journal Citation Reports: Social Sciences Edition.

“Our understanding of the aging process has accelerated in recent years such that it is now possible to translate the basic biology of aging to human studies and test new interventions to help people live healthy, productive lives well into old age,” Newman said. “I’m honored to be named editor of this prestigious journal, which continues to shed light on myriad discoveries and advancements in the field of gerontology.”

Journalism Fellows Will Highlight New Developments in Aging

The Journalists in Aging Fellows Program, run jointly by GSA and New America Media (NAM) since its launch in 2010, has received renewed grant support to welcome its seventh cohort of fellows. The 2016 funders of the program include The Silver Century Foundation, AARP, The Commonwealth Fund, The Retirement Research Foundation, and The John A. Hartford Foundation.

For the past six years, this co-venture — responsible for more than 400 news stories by 102 alumni to date — has largely centered around GSA’s Annual Scientific Meeting and in-depth stories proposed by each fellow.

“The journalists we have welcomed to the program have produced award-winning coverage of aging issues, and the diversity of their stories has been amazing,” said Paul Stearns, MS, GSA’s senior director of membership, communications, and branding. “We’re grateful to our grant partners for helping us to connect these reporters with experts and trusted sources of information on aging, and to keep America adequately informed about the state of aging in this country.”

The program is co-directed by Todd Kluss, MA, GSA’s senior manager of communications, and Paul Kleyman, the senior editor of NAM’s ethnic elders newsbeat and national coordinator of the Journalists Network on Generations.

As in previous years, half of the fellows will be selected from general audience media and...
From the Executive Director

Necessity: The Mother of Re-invention?

By James Appleby, BSPharm, MPH • jappleby@geron.org

GSA’s headquarters office in Washington, DC is unrecognizable right now. It’s a blank slate, in the middle of a long-overdue renovation. In the meantime, the staff has set up shop in temporary space in the same building. It has the vibe of a startup company — with everyone focusing on advancing the Society’s work while we “make do” with our accommodations. The change to less-than-ideal interim space has had side benefits, though, as people break out of established patterns and begin to think differently about the most effective ways to collaborate on projects.

This experience gives the GSA team a head-start in learning new ways of working across operating units that will benefit us greatly in our reinvented workspace, which has been designed to foster greater collaboration. I see this as a parallel to GSA’s constant effort to innovate and, in some ways, reinvent how we serve our members. The Society’s official mission is to advance research, education, and practice in the field of aging. And over the past few years, we have also adopted an informal tagline — advancing innovation in aging — to capture the Society’s activities succinctly.

This is important as we prepare ourselves to respond to the multiple changes afoot in the dynamic aging arena. Some big news in the past month is the announced departure of Kathy Greenlee as head of the U.S. Administration on Aging after seven years. Kathy has been a powerful, positive force for aging and will be missed. This change serves as a reminder that election season is right around the corner — and that many faces may change over the next six months, as long-time supporters of aging services and research may not be around in their elected offices or appointed posts come January 2017. When the new presidential administration arrives, GSA will be prepared to work closely with the appropriate staff to advance our advocacy efforts related to funding for aging research.

Our adopted mission is also reflected in the title of our soon-to-be-launched online-only, open-access journal, Innovations in Aging. We will announce the initial calls for papers in the coming months. This new journal will provide GSA another vehicle to publish valuable and rigorously reviewed scholarly contributions; and to extend the volume, coverage, and influence of GSA members’ scholarship.

GSA also has expanded its interest group offerings and made it easier to keep connected with many of them through the GSA Connect online networking platform (which is a major innovation in itself). Just recently we added new groups on human-animal interaction, geroscience, directors of aging centers, and Koreans and Korean Americans.

Attendees at GSA’s Annual Scientific Meeting in New Orleans this November will find a very welcome technical innovation — PC laptops in all the symposium and paper presentation rooms. This should make it easier for all presenters and eliminate the need for any computer changes during sessions. We will also offer interested members the opportunity to share and archive your presentations electronically through GSA Connect.

And speaking of meetings, another way that GSA is remaining future-focused for its members is through outreach to organizations and individuals of all nations. When we host the International Association of Gerontology and Geriatrics World Congress next July, the work of GSA members will find new audiences. I express my sincere thanks to those of you who submitted abstracts. We received more than 7,100 individual submissions, which is about twice the number submitted for a GSA Annual Scientific Meeting, shattering the record from any previous World Congress. GSA members will have the opportunity to participate in what may be the largest World Congress in history! Our efforts to reinvent how we serve members have officially gone global.

World Congress of Gerontology and Geriatrics
July 23 to 27, 2017
www.iagg2017.org

Next date to remember: December 1, 2016
Abstract notifications sent; registration opens; call for late-breaking abstracts issued

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

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New Books by Members


• “Eat to Cheat Dementia: What You Eat Helps Avoid It or Live Better with It,” by Ngaire Hobbins, BS, MSN. Published by Ngaire Hobbins, 2016.

Members in the News

• USA Today interviewed Mary Naylor, PhD, RN for an article published on July 9. The piece, titled “Gaps in Care Persist during Transition from Hospital to Home,” discussed the potential pitfalls and errors during this event.

• Todd Goldberg, MD, was interviewed by MPR News on July 3 for an article titled “Few Young Doctors Training to Care for Elderly.” The piece highlighted the national issue of the shortage of a trained workforce to care for the older adult population.

• Vancouver’s News 1130 quoted GSA Fellow Gloria Gutman, PhD, in an article titled “Too Many Seniors Are Being Overprescribed Meds,” published on June 23. The piece outlined how doctors who overprescribe costs the Canadian health care system $2 billion per year.

• The U.S. Administration on Aging’s blog highlighted Penelope Shaw, PhD as a trailblazer for Older Americans Month in May. Shaw is a disability advocate and a member of the Massachusetts Advocates for Nursing Home Reform Board.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Sherry Green, PhD
The recipient, who became eligible after referring new member Romelynn Tewarson, NP, was randomly selected using randomizer.org.
For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Tara Gruenewald, PhD
Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

Mangione Receives 2016 Top Professor Award
GSA Fellow Kathleen Mangione, PT, PhD, FAPTA, a professor of physical therapy at Arcadia University, was selected for the school’s 2016 Professor of the Year Award. The award is regarded as the “most prestigious” honor an Arcadia faculty member can receive because it highlights a professor’s performance and achievements in multiple criteria, including teaching, and research. Mangione joined Arcadia University in 1995, and has since focused her research and career on older adult care.

Ganzel Named Ithaca Institute Director
The Ithaca College Gerontology Institute has named GSA Member Barbara Ganzel, PhD as its new director. Ganzel came from the Bronfenbrenner Center for Translational Research and the Department of Human Development at Cornell University, where she directed a neuroimaging research laboratory, advised both undergraduate and graduate research students, and taught courses in neuroscience and human development. Her current research focuses on identifying and relieving stress and trauma at the end of life. At Cornell, her Lifespan Affective Neuroscience Lab used the tools of neuroimaging, genetics and behavioral assessment to better understand how stress interacts with lifespan development to impact brain structure, brain function and mental health.

Cutler Takes on International Professorship
GSA Fellow Stephen Cutler, PhD, will join the Social Sciences Division with the Research Institute of the University of Bucharest as the visiting professor in residence for 2017. Cutler will promote his latest research project, “Promoting Interests and Competence in Ageing Research Via a Research Training Workshop,” and foster new collaborations between the University of Bucharest and the University of Vermont.

GSA Connect Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org! Here’s what members are talking about:

• Judi Bonilla, BA: “Does anyone know any about any programs or research to address suicidal ideation among older men? I’ve identified Patrick Arbore’s work with Elderly Suicide Prevention & Grief Related Services at Institute on Aging. Are there any other resources? Education programs for families?”

• Amy Epting, BS: “Hello everyone! Does anyone have any information on the Affordable Care Act and the influence it is going to have on Medicare and Social Security? What about public policy in general? Any help would be much appreciated.”
Using Testimony to Present Your Findings or Tell Your Story

Recently a dear friend and colleague both to me and to GSA had the opportunity to testify before the U.S. Senate Special Committee on Aging. The chances of being invited before a congressional committee are slim; all the elements of politics, process, and policy must be in alignment. The timing must be right and you need to be well-respected and able to jump through some hurdles to prove your abilities.

So, I thought I would write about Amy Berman’s testimony story to remind myself and all of you of some of the key elements that lead up to that five-plus minutes one is given as a witness to tell one’s story or present findings from years of work. If you know Amy, a GSA member who serves as a senior program officer at the John A. Hartford Foundation, you know that it is difficult to sound objective when describing her intellect, knowledge, compassion, and strength. So please indulge me — she is the perfect witness! And I should say upfront that Amy earned the opportunity, in part, the hardest way, by having to experience personally the good and bad of the health care system after being diagnosed with stage 4 breast cancer.

A little background on the types of hearings may be a good place to start.

No matter how “do-nothing” or “activist” Congress is, there are hundreds of hearings taking place each year. Many involve a famous or high profile witness designed to draw attention to and raise support for an issue. In some cases, such as with actor Michael J. Fox and Parkinson’s disease, funding or efforts to address an issue have been significantly increased as a result.

Many hearings are simply fulfilling the congressional oversight function. Congress passes laws creating programs and it has the responsibility to evaluate them and see that they are implemented properly. Some hearings are driven by crises or everyday problems. Many of these hearings, although somewhat scripted, are designed to lay out problems and explore solutions; they educate both the public and the members of the committee. Keep in mind that the majority party has control over the committees and usually chooses the hearing topics and most of the witnesses. The Senate Special Committee on Aging has a history of being more bipartisan. Most hearings are public, many can be seen live on TV or viewed later, and one can usually find information, whether in a hearing, in developing ways to address a problem, or in helping to create awareness about the issue. Hopefully they will know how to most effectively use the information, whether in a hearing, in developing ways to address a problem, or in helping to create awareness about the issue.

Remember that even if you are not chosen to testify, you often have the opportunity to submit written testimony for the public record. As you know from my earlier articles and the Public Policy & Aging Report I helped produce, I am very involved in advanced illness and end of life issues. Back in April 2015, I was keenly aware that the timing for a hearing by the aging committee or another congressional committee might be ripe. In follow-up conversations with Amy after her Campaign to End Unwanted Medical Treatment presentation, she agreed to be available to tell her very personal story if such a hearing came along.

Persistence seems to be a critical factor in Washington these days.

Having a great witness with a compelling story is not enough; you need an opportunity. The work that went into securing a spot on the panel at the aging committee actually went back well before Amy spoke to the campaign. While working on the Older Americans Act reauthorization, I assisted Senator Sheldon Whitehouse’s staff in developing ideas on how the aging network could better ensure that older Americans had appropriate advance...
care planning. The original Older Americans Act (OAA) reauthorization bill was cut back substantially during negotiations and did not include any of Whitehouse’s proposals on end of life, but the senator was committed to the issue and planned on offering an amendment to the bill on the Senate floor.

This became a roadblock for the bill because the Health, Education, Labor and Pensions (HELP) Committee had hoped that the bill would be passed without any amendments. We worked to come up with compromise language, which led to HELP Chair Lamar Alexander and Ranking Member Patty Murray involving Senator Susan Collins (chair of the Special Committee on Aging). She agreed to hold a hearing to address advanced illness and end of life issues as a way to secure passage of the OAA without amendments and to meet Whitehouse’s goals.

Once this agreement was made, I spoke to Collins, thanking her for supporting a hearing on this important topic and suggesting she consider Amy as a witness. Through staff changes and while other end of life legislative activities took place, I always spoke of the need for Amy’s story to be told when interacting with key Hill staff. I asked colleagues speak on her behalf as well. Almost a year later, after following up with her staff, the minority staff and that of Whitehouse, the hearing took place.

Relationships with members and staff can be very important.

Having an opportunity to speak to a member of Congress directly can be important. They are extremely busy, but that personal relationship or just a few minutes in a social setting back in the state or district can be very helpful for them to understand your issue or idea. Likewise, staff is critically important to the process. They make the recommendations to their members regarding who should testify at hearings. They have ideas about what they want out of the hearing and how they want it to be perceived by the public and the cameras and the legislators.

You may be able to help staff develop their ideas for a quality hearing that moves the issue forward and creates a positive impression of their member. Try to put yourself in their shoes and think about how your issue fits into their perspective and their policy and political needs.

Remember also that bipartisan is good. We made the case for Amy to both the majority and minority committee staff and to the personal staff of Whitehouse, who had helped to secure the hearing in the first place and had plans to be an active participant. In a good relationship, one also needs to remember not to push too hard or become a nuisance. I also try to maintain my objectivity and for other hearings I have offered multiple witness ideas, even though I may have had a favorite. In the long-run, having staff respect your knowledge and judgment is most important to becoming a valued resource.

Here are a few tips on being a witness that Amy did not need but that I try to remember:

- Be credible, concise, consistent, and compelling, and be respectful.
- Use additional statistics or examples to beef up the longer written testimony.
- Cut your oral presentation down to the most salient and memorable points.
- Have a list of additional points ready to work into your answers to any questions that the committee members may ask.
- Bring extra copies of your testimony to share with the audience.
- Don’t be afraid to say “I don’t know; I’ll have to get back to you with that information.”
- Try to give the members eye contact frequently; feel free to look down at the statement, but don’t read it word for word.
- Practice, practice, practice — with a timer.

Another tip: know your audience. Amy came to the hearing with knowledge of the bills on unwanted medical treatment, end of life, and advanced illness care that have been introduced in Congress. She knew who on the aging committee sponsored or co-sponsored them, and other issue areas the members care about. Know if committee members have personal experiences that they have shared in the past related to the issue and whether there are programs back in the state or district that are well known or could serve as a best practice examples. Are there problems back home that have stimulated the hearing idea? Of course, it is also good to do a bit of homework on the other witnesses and what they may be saying that either supports or opposes your approach.

Shoot for jargon-free testimony by minimizing research, medical, or technical terms. It can be beneficial to use descriptive, interesting, and colorful words to paint a picture about the people and issues involved. Amy effectively used an analogy about what she wants from the life she has ahead of her and called it the “Niagara Falls trajectory.” She would like to live as long as possible with a steadily high quality of life and then go over the falls quickly instead of having a sharp steady downward trajectory as the result of opting for extremely aggressive treatments that would hurt her quality of life.

If you have something that you would like the committee or the members to do, remember to ask. If you are there simply to educate and enlighten the committee, that is fine, but if you have a specific bill or proposal you’d like to support, this is a great time to explain why you would like them to support it to. This is an opportunity to politely and assertively ask for their support, votes, leadership, funding or whatever else may be appropriate.

If you are social media savvy, as Amy is, consider tweeting, doing a blog post or sending out a press release to get the word out about the hearing, your testimony, and the issues.

If you would like to see Amy’s testimony, please go to hearings on the Senate Special Committee on Aging website at www.aging.senate.gov/hearings. If you would like to view on YouTube a webinar that Benjamin Rose Institute President and CEO Richard Browdie and I conducted on testifying, go to www.youtube.com/watch?v=QKUtQHZut9g.

Good luck and let me know if I may be of assistance!
**New Resources**

**Agencies Aim to Boost Older Adults’ Research Participation**
The National Institute on Aging, the U.S. Centers for Disease Control and Prevention, and the U.S. Administration for Community Living are collaborating on the new Recruiting Older Adults into Research (ROAR) project to encourage older adults and their family caregivers, including underrepresented populations, to consider participating in research. The agencies are starting with a focus on Alzheimer’s and dementia research. Organizations can join this project and collaborate with local area aging services, public health, and research colleagues to spread a message about healthy aging and research participation. To support efforts, they have created a toolkit of easy-to-use, customizable materials that feature information on why research is important to healthy aging; what volunteers need to know about research studies; how older adults can make a difference by participating; and easy steps to take. The toolkit is available in English, Spanish, and Chinese. To access this toolkit, visit www.nia.nih.gov/health/publication/roar-toolkit.

**Report Calls for Policy Shift to Reflect Caregiver Realities**
Family members and friends provide the vast majority of care for aging Americans experiencing chronic conditions, trauma or illness, according to “Addressing the Needs of Caregivers at Risk: A New Policy Strategy,” a new report based on a study conducted by the University of Pittsburgh Stern Center for Evidence-Based Policy. Yet this report also found that current policy efforts at the federal and state levels have not adapted to address significant health and economic risks that these caregivers experience. Though caregivers provide support to over 90 percent of individuals receiving care at home, the report, published by the University of Pittsburgh Health Policy Institute, found that they lack access to financial policies, flexible employment, and social services needed to support this important function. This research also found that, despite evidence of positive impacts on caregivers, programs that deliver caregiver supports and services, such as respite, have not expanded to meet growing demand. The report concluded by suggesting a set of policy options to address current gaps in family caregiver policy. The Stern Center currently is planning a series of studies on evidence-based policies to address health and economic risks experienced by family caregivers. The new report is accessible at bit.ly/1XSuLah.

**CDC Debuts New Public Data Portal**
The U.S. Centers for Disease Control and Prevention (CDC) recently launched the Healthy Aging Data Portal, which provides access to a range of national, regional, and state data on older adults. Developed by the National Center for Chronic Disease Prevention and Health Promotion, users can examine data on key indicators of health and well-being of older Americans, such as tobacco and alcohol use, screenings and vaccinations, and mental and cognitive health. Portal users may retrieve CDC data by indicator or geographic area, and then download datasets, develop reports, and create customizable maps, charts, and graphics. The Portal enables public health professionals and policymakers to examine a snapshot of the health of older adults in their states in order to prioritize and evaluate public health interventions. The portal can be found at www.cdc.gov/aging/agingdata/index.html.

**Medscape Offers Online CME for Dementia**
Medscape is offering a Continuing Medical Education (CME) course addressing neuropsychiatric symptoms in patients with dementia. This online course will teach clinicians how to best manage difficult behaviors and delirium in patients with dementia. The course is intended for primary care physicians, obstetricians/gynecologists, geriatricians, hospitalists, psychiatrists, neurologists, critical care clinicians, nurses, and other clinicians caring for those with dementia. The HELP program will be featured briefly, and speakers will include leaders in the field such as GSA members Sharon Inouye, MD, MPH, Shari Ling, MD, Laura Gitlin, PhD, and Constantine Lyketsos, MD. For more information, visit bit.ly/2a2xRH3. Medscape registration is required, but the course is free of charge.

**Report Documents Older Adults’ Oral Health by State**
Oral Health America has published a new report examining factors impacting the oral health of older Americans. “A State of Decay, Vol. III” is a state-by-state report of the oral health of its 65+ population and the success or failure of states to address those needs. It reveals that continued attention is needed to ensure that America’s increasing population of seniors age healthily and independently. The report serves as a resource for states to address shortfalls in oral health status, dental benefits for low income adults, and population-based prevention, all of which impact the oral health of older adults. It proposes concrete steps that can be taken to promote healthy aging and independence for this rapidly growing cohort of America’s population. Visit toothwisdom.org/pages/a-state-of-decay for the full report.

**AARP Report Finds High Caregiver Interest Technology, but Low Usage**
A new AARP report, “Caregivers and Technology: What they Want and Need,” documents technology interest and usage among America’s 40 million unpaid family caregivers. The research found that caregivers have a high interest in using technology to care for their loved ones. Seventy-one percent of survey participants expressed interest in using technology to support caregiving activities, while less than ten percent have currently or previously used a caregiving technology. This research was conducted by HITLAB in partnership with Project Catalyst, a program that aims to fill a gap in the market by encouraging tech developers to put 50+ consumers at the center of innovation. Founding members of Project Catalyst include AARP, Pfizer, UnitedHealthcare, Medstar
GSA Honors Outstanding Individuals

Please join us in congratulating our awardees at the 69th Annual Scientific Meeting in New Orleans, Louisiana, this November!

GSA salutes outstanding research, recognizes distinguished leadership in teaching and service, and fosters new ideas through a host of awards. GSA awards process continues to be a peer nomination process. The recipient’s achievements serve as milestones in the history and development of gerontology.

SOCIETY-WIDE AWARDS

**Donald P. Kent Award**
Presented to S. Jay Olshansky, PhD
University of Illinois at Chicago
Presented at the President’s Opening Plenary Session
Thursday, November 17, 10:30 a.m.

**Maxwell A. Pollack Award for Productive Aging**
Presented to Robyn I. Stone, DrPH
LeadingAge
Thursday, November 17, 5:30 p.m.

**Margret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology**
Presented to Susanne V. Wurm, PhD
Friedrich-Alexander University of Erlangen-Nürnberg
Thursday, November 17, 1:30 p.m.

**Robert W. Kleemeier Award**
Presented to Vincent Mor, PhD
Brown University
Presented at the President’s Opening Plenary Session
Thursday, November 17, 10:30 a.m.

**M. Powell Lawton Award**
Presented to Julie L. Locher, PhD
University of Alabama at Birmingham
Thursday, November 17, 3:30 p.m.

**Doris Schwartz Gerontological Nursing Research Award**
Presented to and lecture by Marilyn Rantz, PhD, RN, FAAN
University of Missouri Sinclair School of Nursing
Presented at the Nursing Care of Older Adults Interest Group Meeting
Friday, November 18, 6:30 p.m.
2016 awardees

BEHAVIORAL AND SOCIAL SCIENCES

**Distinguished Career Contribution to Gerontology Award**
Presented to Bert Haylsip Jr., PhD
University of North Texas
Presented at the BSS Business Meeting and Award Presentation
Friday, November 18, 11:30 a.m.

**Distinguished Mentorship in Gerontology Award**
Presented to Richard Schulz, PhD
University of Pittsburgh
Presented at the BSS Business Meeting and Award Presentation
Friday, November 18, 11:30 a.m.

**Richard M. Kalish Innovative Publication Award (Article)**
Presented at the BSS Business Meeting and Award Presentation Friday, November 18, 11:30 a.m.

Becca Levy, PhD
Yale University

Luigi Ferrucci, MD, PhD
National Institute on Aging

Alan B. Zonderman, PhD
National Institute on Aging

Martin D. Slade, MPH
Yale University

Juan Troncoso, MD
Johns Hopkins Medical School

Susan M. Resnick, PhD
National Institute on Aging

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National Institute on Aging

Martin D. Slade, MPH
Yale University

Juan Troncoso, MD
Johns Hopkins Medical School

Susan M. Resnick, PhD
National Institute on Aging

**GSA thanks the following award sponsors:**

The New York Community Trust (Pollack Award)
Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life (Lawton Award)
Margret M. & Paul B. Baltes Foundation (Baltes Award)
Senior Service America, Inc. (Minority Issues in Gerontology Outstanding Mentorship Award)
Senior Service America, Inc. (Senior and Junior Scholar Awards)
RESQcare Interest Group (Douglas Holmes Award)

If you are interested in learning more about GSA awards, visit www.geron.org/membership/awards.
HEALTH SCIENCES

Joseph T. Freeman Award
Presented to Thomas T. Perls, MD, MPH
Boston University School of Medicine
Friday, November 18, 2:30 p.m.

Excellence in Rehabilitation of Aging Persons Award and Lecture
Presented to Steven L. Wolf, PhD
Emory University School of Medicine
Friday, November 18, 2:30 p.m.

SOCIAL RESEARCH, POLICY AND PRACTICE

Elaine M. Brody Thought Leader Award
Presented to Nicholas G. Castle, BSc (Hons), MHA, PhD
University of Pittsburgh
Presented at the SRPP Business Meeting and Award Presentation
Friday, November 18, 11:30 a.m.

Carroll L. Estes Rising Star Award
Presented to Kali St. Marie Thomas, PhD
U.S. Department of Veterans Affairs, Providence, RI and Brown University
Presented at the SRPP Business Meeting and Award Presentation
Friday, November 18, 11:30 a.m.

BIOLOGICAL SCIENCES

Nathan Shock New Investigator Award
Presented to Daniel L. Smith, Jr., PhD
University of Alabama at Birmingham
Presented at the BS Business Meeting and Award Presentation
Friday, November 18, 11:30 a.m.

Minority Issues in Gerontology Outstanding Mentorship Award
Presented to Lisa Skemp, PhD, RN, FAAN
Loyola University Chicago
Friday, November 18, 6:30 p.m.

Additionally, the following will be given at the Annual Scientific Meeting:

Society-Wide
Senior Service America Senior Scholar Award for Research Related to Disadvantaged Older Adults
Senior Service America Junior Scholar Award for Research Related to Disadvantaged Older Adults

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

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

Health Sciences Section
Person-In-Training Award
Research Award

Social Research, Policy, and Practice Section
Outstanding Student Poster Award

Emerging Scholar and Professional Organization
Interdisciplinary Paper Award
Poster Award (five)
Douglas Holmes Emerging Scholar Paper Award
Minority Issues in Gerontology Committee Student Poster Award
Jacksonville State to Add Nursing Doctorate

The Alabama Commission on Higher Education has approved the creation of a doctoral degree program in Jacksonville State University's College of Nursing. The program will admit its first students next fall. This will be the second doctorate offered in the university’s history.

Miami’s Scripps Gerontology Center Awarded $1.4 Million Federal Grant

Miami University’s Scripps Gerontology Center is the recipient of a $1.4 million grant from the U.S. Department of Education. The money will be used to research older learners and their ability to complete college programs. “Our research focus is community college students ages 40 to 64,” said Phyllis Cummins, PhD, a senior research scholar at Scripps and GSA member. “The age group is an important component of Ohio’s labor force and an under-studied group in terms of education and labor market outcomes.” The three-year grant, which started July 1, will use data collected by the Ohio departments of Education and Jobs and Family Services and is funded by the Institute of Education Sciences, the independent and non-partisan statistics, research, and evaluation arm of the U.S. Department of Education.

Pace University School of Nursing Recognized for Gerontological Excellence

The Lienhard School of Nursing at Pace University has joined the National Hartford Center of Gerontological Nursing Excellence (NHGCNE). The designation recognizes Lienhard’s commitment to gerontological nursing and the expertise of faculty in this area. This recognition will help further the gerontological work that is being done in the College of Health Professions, including gerotechnology. The NHGCNE’s mission is to enhance and sustain the capacity and competency of nurses to provide quality care to older adults through faculty development, advancing gerontological nursing science, facilitating adoption of best practices, fostering leadership, and designing and shaping policy. Its vision is optimal health for all older adults.

Philanthropic Gift Will Enhance Care for San Diego Seniors

Philanthropists Gary and Mary West have provided $11.8 million to the University of California, San Diego, to create a state-of-the-art senior emergency care unit to be housed within the Emergency Department at the future Jacobs Medical Center. The Gary and Mary West Senior Emergency Care Unit will enhance care for older adults and enable a multi-year medical research initiative in partnership with the West Health Institute to support their mission of making successful aging a reality for seniors in San Diego and the nation. The services will focus on geriatric medicine, acute care screening, urgent care, case management, and social and psychiatric care. With a focus on fostering successful aging, the department will also facilitate home- and community-based care options when possible. In 2018, the university will add 8,500 square feet of dedicated space for the senior emergency care unit, which will serve as a clinical, research and training hub, and become a leading site for medical education and workforce training to advance senior care. “Mary and I are committed to helping seniors age successfully with dignity, quality of life and independence,” said Gary West, co-founder of the West Foundation and the West Health Institute. “We believe health care specifically tailored for seniors, especially geriatric emergency care, is critical to achieving these goals.” According to the San Diego County Senior Health Report 2015, last year, patients 65 and older represented 24 percent of total Emergency Department visits at UC San Diego Health. The Gary and Mary West Health Institute is a 501(c)(3) medical research organization that conducts applied medical research to advance innovative care delivery models that enable successful aging. Additionally, the nonprofit, nonpartisan Gary and Mary West Health Policy Center in Washington, DC, is focused on senior-centered healthcare delivery and payment policy.

Continued from page 1 – Newman Named as Medical Sciences Editor

At the University of Pittsburgh, Newman is the chair of the Department of Epidemiology in the Graduate School of Public Health, the Katherine M. Detre Endowed Chair of Population Health Sciences, the director of the Center for Aging and Population Health, and holds appointments as a professor within the Department of Medicine and the Clinical and Translational Science Institute.

Her research focuses on aging, including the determinants of physical and cognitive function as well as successful aging and longevity. She has special expertise in the study of cardiovascular disease and aging and body composition, sarcopenia, and physical functioning. She is presently the principal investigator of several long term cohort studies and clinical trials in older adults funded by the National Institute on Aging.

Newman is an elected member of the Association of American Physicians, the American Epidemiology Society, and the Delta Omega Honor Society in Public Health. She is certified by the American Board of Internal Medicine with added qualifications in geriatric medicine. She has served as an associate editor of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences and is on the editorial boards of several other journals. She also is a GSA fellow, which represents the Society’s highest class of membership.
Partnership Aims to Tackle Blindness in Tanzania

HelpAge International and Sightsavers are launching a new three-year project in Tanzania funded by the Conrad N. Hilton Foundation. The Mwangaza project will support vulnerable communities in the central Morogoro region with affordable and quality eye care services. The project will work within existing eye health facilities in Morogoro region, including one regional referral hospital and nine district facilities, to strengthen capacity. These district facilities have varying capacity to deliver eye health services. While some have trained personnel and equipment, others lack basic resources. The project will give supplies, specialist equipment and basic consumables to the facilities. According to the ministry, the leading causes of blindness in the country are cataracts (50 percent), corneal blindness (20 percent), and glaucoma (10 percent). The other causes, such as uncorrected refractive errors, retinal and optic nerve diseases, diabetes retinopathy, maculopathies, genetic anomalies, and albinism, account for the remaining 20 percent.

Retirement Programs Abroad Outshine U.S., New Research Finds

As compared to the U.S., Australia, Canada, and the Netherlands provide higher retirement income for more of their citizens through their social security and universal/quasi-universal employer retirement plans. These findings are contained in a new research brief titled “Lessons for Private Sector Retirement Security from Australia, Canada, and the Netherlands.” The research brief can be accessed at bit.ly/29IIwSE, as well as a PowerPoint presentation at bit.ly/29UXGbZ. The paper finds that while the level of risk born by employees varies across the three countries’ retirement income systems, risks are pooled among workers or offset by employers and government to a greater extent than in the U.S. In none of these three countries does the average worker individually bear all of the risks related to saving and investing to produce a level of retirement plan income that, combined with social security, provides a basic standard of living.

Older Adults’ Employment Rate Peaks in European Union

The employment rate of persons aged 55 to 64 in the European Union has grown steadily over the last years, from 38.4 percent in 2002 to 51.8 percent in 2014. The growth was stronger for women (from 29.1 percent in 2002 to 45.2 percent in 2014) than for men (48.2 percent in 2002 vs. 58.9 percent in 2014). As a consequence, the gap between the employment rate of women and men aged 55 to 64 in the European Union has been reduced, from a 19.1 percentage points difference in 2002 to a 13.7 percentage points difference in 2014. The greater participation of older workers is one of the objectives of the Europe 2020 strategy on employment. The Europe 2020 strategy target is to also reach a total employment rate of people aged 20 to 64 of at least 75 percent in the European Union by 2020. This objective has been translated into national targets in order to reflect the situation and possibilities of each Member State to contribute to the common goal. This information comes from an article issued by Eurostat, the statistical office of the European Union, based on the 2014 results of the European Labour Force Survey. More information can be obtained at bit.ly/1RBhKdS.
The Road to a PhD Is a Marathon, not a Sprint

By Mary O. Whipple, BSN, RN, CCRP, and Daniel Mick, BSN, RN (PhD student)

Completing a PhD is challenging and time-consuming. While specific program requirements and timelines vary greatly across disciplines, obtaining a PhD in your chosen field inevitably involves a multi-year investment of time and energy.

The road to a PhD will be paved with success, maybe disappointment, and new opportunities for professional development. While this process may at times seem daunting, it is important to remember that obtaining a PhD is a marathon, not a sprint.

Ultimately, the purpose of PhD training is to allow you to obtain expertise in your specific topic and chosen field. The objective then, is not necessarily to complete the program as quickly as possible, nor tackle massive change-the-world projects while still a student. Rather, the objective is to gain as much knowledge, experience, and exposure as possible during the process, while continuing to make steady progress toward your degree. So, what are some key considerations, whether you are considering a PhD, are in the midst of your program, or are preparing for your defense?

First, it is important to remember that the end goal is to develop expertise in your field, establish professional relationships and contacts, publish peer-reviewed articles, and obtain grant funding. However, there will be many additional demands on your time, including graduate assistant positions, writing and review groups, co-authoring manuscripts or book chapters, student and professional organization leadership positions, etc.

Given the wealth of activities available to you, it is important to weigh the potential impact on time versus value towards goals of each activity. Will it help you develop necessary skills (perhaps in a specific population, method of data collection, or strategy for data analysis)? Or perhaps the opportunity to work on a faculty member’s research? Or lay the groundwork for a dissertation research project to assist you in obtaining grant funding? But remember that it is ok to decline opportunities!

Seeking the input of a colleague or trusted advisor can be particularly helpful in understanding how valuable a specific activity may be to your career development. Ultimately, there are more valuable opportunities than time in the day. Be selective of the activities and opportunities in which you engage so that you continue to move toward completing your program and goals.

It is also important to remember that getting a PhD is more a job than a student role. Only the minimum requirements are outlined to complete your degree. Accomplishing more requires goal setting and time management.

Consider including stretch goals (the most important task that you want to accomplish in the next week or month on your to-do list) in addition smaller daily tasks. By keeping your stretch goal in front you, you may be able to make more meaningful progress, rather than simply tackling the easy, small tasks first. Another important component of progress is staying motivated.

In addition, making time to rest, exercise, and do activities you enjoy with family and friends will contribute to accomplishing professional goals by avoiding burnout. Staying engaged in life outside of your PhD pursuits will help you keep your goals in perspective and keep you motivated. Remember, incremental progress completes your program; the scale of a PhD doesn’t allow for last minute sprints.

Finally, remember that getting a PhD is your first goal — changing the world comes after. Many of us decide to pursue a PhD because we have identified a significant problem in our field about which we are passionate. However, tackling this problem in its entirety is not feasible in a dissertation, it is part of a program of research that spans an entire career.

Thus, it is important to set realistic goals to accomplish during your program. Identify an aspect of your larger goal that can be addressed in a dissertation-sized project and talk to advisors, mentors, and colleagues to get feedback on how this contributes to your future program of research.

By identifying your program and professional goals and tackling them in small progressive pieces, you will be prepared to successfully complete the marathon that is a PhD and launch yourself into your career post-graduation.
NIH Funds Slated for Study of Technologies for Healthy Independent Living
The National Institutes of Health is encouraging research project grant applications for research and development of technologies that monitor health or deliver care in a real-time, accessible, effective, and minimally obtrusive way. These systems are expected to integrate, process, analyze, communicate, and present data so that the individuals are engaged and empowered in their own healthcare with reduced burden to care providers. The development of these technology systems has the potential to significantly improve the quality of life for people with disabilities, people aging with mild impairments, as well as individuals with chronic conditions. The next available due date is September 23. All details are located at bit.ly/1evIThZ.

NIA to Fund Alzheimer’s Disease Pilot Clinical Trials
The objective of the Alzheimer’s Disease Pilot Clinical Trials initiative by the National Institute on Aging is to enable the clinical testing (phase I and II) of promising pharmacological and non-pharmacological interventions in individuals across the Alzheimer’s disease spectrum from pre-symptomatic to more severe stages of disease, as well as to stimulate studies to enhance trial design and methods. The Alzheimer’s Disease Pilot Clinical Trials applications may include the following: studies of safety and/or efficacy of the intervention(s); proof of concept studies; feasibility studies; studies to refine the intervention strategy (e.g. drug dosage, duration, delivery system, behavioral intensity, and duration); studies to define and refine the target population and ensure adequate enrollment, protocol adherence and subject retention; and studies to establish measures of efficacy including clinical/neuropsychological/behavioral measures, neuroimaging measures, and other biological measures in blood and cerebrospinal fluid. Further information is located at bit.ly/1glGEgD. The next available due date is October 5.

NIH Will Fund Studies on Osteoarthritis in Aging
Two funding opportunities announcements have been issued by the National Institute on Aging and the National Institute of Arthritis and Musculoskeletal and Skin Diseases to encourage exploratory/developmental applications to accelerate the characterization of new paradigms to test hypotheses that will lead to an improved understanding of the mechanisms of initiation and progression of osteoarthritis and the role of aging in the process. These National Institutes of Health (NIH) grants support exploratory and developmental research projects by providing support for the early and conceptual stages of these projects. These studies may involve considerable risk but may lead to a breakthrough in a particular area, or to the development of novel techniques, agents, methodologies, models, or applications that could have a major impact on the field of study. The next available due date is October 16, with the funding opportunity expiring in September 2019. View the full announcements at 1.usa.gov/1VZeTBp and 1.usa.gov/1YwZK8t.

Federal Monies to Support Mobile Genetic Elements Research on Cancer
Two funding opportunities announcements have been issued by the National Institute on Aging and the National Cancer Institute to encourage applications to investigate mechanisms regulating the expression and activity of mobile genetic elements, including long terminal repeat (LTR) and non-LTR retroelements, in cancer. For example, although long interspersed element-1 retroelements are active in many cancers, whether somatic L1 insertions lead to cancer cell heterogeneity and/or adaptive phenotypes that confer growth or survival advantages during cancer evolution or response to therapy is not clear. Similarly, how human endogenous viruses affect cancer processes is also not well understood. In an effort to address this knowledge gap, this funding opportunity announcement invites research proposals that specifically investigate mechanisms regulating the expression and activity of mobile genetic elements in the context of cell transformation and assess the impact of their activity on tumor heterogeneity, cancer evolution, and response to therapy. The next available due date is October 16, with the funding opportunity expiring in September 2019. Visit 1.usa.gov/258kqe6 and 1.usa.gov/1Tdn10O for details.

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