New President Outlines Vision for Year Ahead

It is with pleasure and great enthusiasm that I address you as the president of GSA. I am truly honored and privileged to hold this position, and look forward to serving the members of this extraordinary organization. Our unique mission of viewing and researching aging through the interdisciplinary lens underscores the synergy that is possible when we interact with our GSA colleagues. I am especially pleased that during my term as your president, GSA will have the opportunity to communicate the importance of the interdisciplinary research at the 2015 White House Conference on Aging.

The theme we have selected for the 2015 Annual Scientific Meeting, “Aging as a Lifelong Process,” highlights the fact that, as gerontologists, what we study is actually the cumulative outcome of lifelong events that manifest during old age. Indeed, it is becoming increasingly clear that aging actually begins very early in life — possibly even in utero — and that events and exposures occurring over many decades can influence our aging experience.

Early childhood developmental experiences and educational opportunities can impact brain aging, and psychological stress during youth...
“The science of aging is in a very exciting place,” said National Institutes of Health (NIH) Director Francis Collins, MD, PhD, in his keynote address at GSA’s Annual Scientific Meeting in Washington, DC. This was a refreshing comment to hear from the man I think of as America’s scientist-in-chief, who also called the work that GSA’s members are doing “hot science.”

As someone who formerly headed the Human Genome Project and now leads the world’s largest supporter of biomedical research, Dr. Collins was an ideal choice to reinforce our meeting theme, “Making Connections: From Cells to Societies.” In turn, I would like to reinforce some of what he shared with our audience, which included his assurances that the NIH remains committed to the future of aging research.

It’s good to know that we have such a proactive, visionary leader as Dr. Collins at the NIH, joining the leaders and staff at the National Institute on Aging (NIA). I extend my thanks for all they accomplish on behalf of the NIH, joining the leaders and staff at the National Institute on Aging (NIA). I extend my thanks for all they accomplish on behalf of the NIH, particularly in the field of aging research.

It’s a validation of everything GSA members have achieved, and I urge you to continue to communicate the value of aging research, making important contributions to the nation’s health. As we move forward, I encourage you to think back to this meeting and spread the word with confidence that you’re engaged in “hot science.”

Best wishes for a happy holiday season,

James Appleby, RPh, MPH
jappleby@geron.org
New Publications by Members

- “Race and the Lifecourse: Readings from the Intersection of Race, Ethnicity, and Age,” edited by Joyce Weil, PhD, and Diditi Mitra. Published by Palgrave Macmillan, 2014.
- “The Lives of LGBT Older Adults: Understanding Challenges and Resilience,” edited by Nancy A. Orel, PhD, and Christine Fruhauf, PhD. Published by the American Psychological Association, 2015.

Members in the News

- GSA Fellow Dana Burr Bradley, PhD was interviewed on WBKO in a segment titled “The Gathering and Age Friendly Bowling Green.” Bradley discussed how Western Kentucky University is working with Mayor Bruce Wilkerson to make Bowling Green an age friendly area.
- On October 16, the Philadelphia Inquirer published “Jews are the Hidden Poor,” including an interview with GSA Fellow Allen Glicksman, PhD. He provided analysis on poverty in the Jewish community.
- The New York Times quoted Paul Sacco, PhD, in an article titled “More Older Adults are Struggling with Substance Abuse.” Sacco stated that older adults can benefit from rehabilitative treatment.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members.

The current spotlight shines on: Terrence E. Murphy, PhD
Visit www.geron.org/membership to ask questions and read previous interviews.

Connection promotion visit www.geron.org/connection.

Colleague Connection

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

Kiel Elected Bone Society President
GSA Fellow Douglas P. Kiel, MD, MPH, the director of the Musculoskeletal Research Center at the Institute for Aging Research at Hebrew SeniorLife and a professor of medicine at Harvard Medical School, has been elected as president of the American Society for Bone and Mineral Research. Kiel will begin his term in 2015, and will be the society’s first geriatrician president.

Sixsmith Elected Gerontechnology Society President
Andrew Sixsmith, PhD, has been confirmed as the fourth president of the International Society for Gerontechnology (ISG). His term runs until 2016. Sixsmith is the director of the Simon Fraser University Gerontology Research Centre and deputy director of the Simon Fraser University Interdisciplinary Research in the Mathematical and Computational Sciences Centre. The ISG was established in 1997 under Dutch law for the purpose of designing technology and environments for independent living and social participation of older persons in good health, comfort, and safety.

Thorpe Appointed to Federal Committee
GSA Fellow Roland Thorpe, PhD, an assistant professor at the Johns Hopkins Bloomberg School of Public Health and director of the Program for Research on Men’s Health at the Johns Hopkins Center for Health Disparities Solutions, has been appointed to the Advisory Committee on Minority Health at the U.S. Department of Health and Human Services.

McCallion Named SUNY Distinguished Professor
GSA Fellow Philip McCallion, PhD, has been appointed a distinguished professor by the Board of Trustees of the 64 Universities and Colleges of The State University of New York (SUNY) System. The distinguished professorship is conferred upon faculty having achieved national or international prominence and a distinguished reputation within the individual’s chosen field through significant contributions to research and scholarship.

Karlin Earns APA Office, Award
Brad Karlin, PhD, has been elected president of the American Psychological Association’s (APA) Society of Clinical Psychology. Additionally, in recognition of his accomplishments related to the training and professional development of psychologists, the APA has given Karlin its inaugural Award for Outstanding Contributions to Continuing Professional Development in Psychology. Karlin currently is the chief of mental health and aging at EDC.

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 have been talking about:

- C. Joanne Grabinski, MA: “What are some of the ways you encourage students and even professionals looking for a change in career to consider a job in the field of aging? I would enjoy hearing your thoughts!”
- Debra Bachelder, BS: “I created a practicum for my MS program: an intergenerational visual arts program at an alternative school in a rural community. Anyone else with similar or other arts practices interested in a group discussion/share?”
Frankly, it’s hard to know where to start. We have witnessed an amazing political roller coaster ride over the past several elections. Parties on top have been at times either overconfident, inept, or outmaneuvered; parties have gained significant ground and have overreached a perceived mandate or were unable to agree internally, and thus the political pundits have had much fodder. As we know, voting and not voting really matter and we know that those in power often affect the quality of life for older adults for generations to come.

The fickle electorate has sent its message and so the 114th Congress will be controlled in both the Senate and House by Republicans. They will do battle with the formerly popular President Obama (52 percent approval in November 2012; 40 percent approval rating November 2014), all in the best interests of the American people — we can only hope.

In the new Congress, which begins in January, the House of Representatives will remain in Republican hands, but with a much stronger majority of more than 50 members (244 to 188 as of November 20). The Senate will be turned over from the Democrats to the Republicans, who will have at least a nine senator majority (54 to 45) with a runoff election in Louisiana this month, which leans Republican.

Let’s start with the leadership, which has changed (within the Republican and Democratic parties) ever so slightly. In the House, both the Republican and Democratic leadership teams have survived some scrambling from their respective caucuses and the big name leaders will almost all be in their positions next year. The biggest exception is former Republican Majority Leader Eric Cantor (R-VA) who lost in his primary and has already left Congress. Current Speaker of the House John Boehner (R-OH) and replacement Majority Leader Kevin McCarthy (R-CA) keep their positions, as do Majority Whip Steve Scalise (R-LA), Conference Chair Cathy McMorris Rodgers (R-WA), and Policy Committee Chair James Lankford (R-OK).

On the Democratic side, the caucus reelected Minority Leader Nancy Pelosi (D-CA), Minority Whip Steny Hoyer (D-MD) and the rest of their leadership team, including Assistant Democratic Leader James Clyburn (D-SC) and Democratic Caucus Chairman Xavier Becerra (D-CA).

The Senate Republican Conference elected the following leadership team for the 114th Congress: Mitch McConnell (R-KY) as Senate majority leader, John Cornyn (R-TX) as Republican whip, John Thune (R-SD) as Republican conference chairman, and John Barrasso (R-WY) as Republican policy chairman.

The Senate Democratic Caucus elected (with some vocal opposition) Harry Reid (D-NV) to be minority leader, Richard Durbin (D-IL) as minority whip, Charles Schumer (D-NY) as Democratic Policy committee chair, Amy Klobuchar (D-MN) as Democratic steering and outreach chair, and Elizabeth Warren (D-MA) as a strategic policy adviser to the Democratic Policy and Communications Committee.

Speaking of leadership, another aspect of the changes in Washington relate to retirements. A number of leaders in the health and aging policy world will no longer be on Capitol Hill to work on improvements or to protect Medicare, Medicaid, the National Institutes of Health, the Older Americans Act, and long-term care resources. Senators Jay Rockefeller (D-WV) and Tom Harkin (D-IA) are both retiring. Rockefeller chaired the Pepper Commission on Comprehensive Health Care, secured the creation of the recent Commission on Long-Term Care, and has been a steadfast supporter of health care for children and the poor, and Medicaid. Harkin has led the appropriations subcommittee with jurisdiction over many of the nation’s social service programs and has chaired the Health, Education, Labor, and Pensions (HELP) Committee. It is expected that Senator Patty Murray (D-WA) will serve as ranking member next year. She has been one of the strongest advocates for persons with disabilities for decades. On the House side, retiring Representatives John Dingell (D-MI) and Henry Waxman (D-CA) have played critical roles in many issues, but particularly in health care and the Medicaid program on the Energy and Commerce Committee. Frank Pallone (D-NJ) will serve as the next ranking member of the Energy and Commerce Committee. Fortunately, he has a long history of supporting the rights of older adults. Change is in the air and new leaders will need to step up to fill these significant holes.

So the Senate will be run by the Republicans, but not just in the sense that they will have more votes — but also on a day to day basis: the majority will chair all the committees, select hearing topics and almost all of the witnesses, decide which bills are voted on, and will control what comes to the full Senate floor for debate.

The next majority leader, McConnell, has said that he will return the senate to the regular order. That has not been common in the past few years, with a record low number of bills becoming law and a much more closed process on the floor of the senate. The new Republican leadership has said that they plan to hold many more votes and open up the amendment process.

What does all this mean for health and aging issues next year? Will there be gridlock or compromises that lead to grand bargains and tax and entitlement reform? That may depend on a couple things happening this year — the level of gridlock that results...
from the president’s recent executive order on immigration, Congress’ ability to complete its work on appropriations for the current fiscal year and keep the government running, and how the rest of the lame duck session plays out. Republicans have already warned the president that executive actions would likely further harm the already bad relationship that they have with him. Of course, what the Republicans are able to accomplish in the next year and a half and how the voters perceive the accomplishments and failures of both political parties will play into the 2016 presidential elections and whether the senate will remain in Republican hands.

The 114th Congress offers a fresh start for legislators on many of the issues that we follow. It is well-known that the next Congress will consider repeal of the Affordable Care Act. The House has already voted on various repeals more than 50 times, and now the Senate will have its opportunities to repeal. The Democrats in the Senate will work to obstruct these votes and if some form of repeal reaches the president’s desk, it will be vetoed. However, if key provisions are retained, some Democrats are interested in making improvements/modifications to the current law. Much of this process may end up being just to show constituents back home that the effort to repeal was made.

With the Republicans controlling both sides of the Hill, they are likely to pass budgets and come to agreement on a compromise between the House and Senate. This sets up the possibility for a budget reconciliation process where the Budget Committee in each body (with input from the committees of jurisdiction) has the opportunity to create far reaching legislation (to implement the budget) that may include changes to Medicare, Medicaid, other programs, and tax reforms. In the Senate, the budget bill comes to the floor under special rules that allow for a simple majority for passage, thereby taking away the filibuster threat and weakening the minority’s ability to stall or kill such reforms. In recent years we have not had budget reconciliation bills. You may recall that many of the controversial Medicare and Medicaid reforms proposed in recent House budget bills were never considered or adopted in the Senate. Many of these proposals (like a block grant or per capita cap for Medicaid) are likely to be a part of the House/Senate discussions next year. Also, look for some of the same ideas that the president’s bipartisan National Commission on Fiscal Responsibility and Reform (known as the Deficit Commission) drafted a few years back.

Let’s talk about the Older Americans Act and the Elder Justice Act reauthorizations in the context of the new Congress. The Senate HELP Committee was successful in passing a modest bipartisan bill. It took nearly four years, however, and Senator Richard Burr (R-NC) and others wanted to modify the state funding formula and that has held up full Senate consideration. Unless we have a small miracle during the lame duck session, we’ll start the process over next Congress, and at this point we are not positive who will be the ranking Democrat on the full HELP Committee, whether there will even be a Subcommittee on Primary Health and Aging, and who its leaders will be. If most of the players stay the same and Burr has his way with the funding formula, it could be different group of senators who hold up the bill next year because their states would lose funding under a Burr proposal. In addition, next year we could be fighting to keep Congress from freezing funding levels in the bill. Let’s hope for that miracle in lame duck.

Yes, the Elder Justice Act, which has not received an appropriation, is already due for reauthorization, and there is almost no chance that the new Congress will authorize the law at its current $777 million. Representative Peter King (R-NY), its previous sponsor, has already introduced the bill in the House this year with the same language and funding as it had when it was passed, but that bill’s contents and a new strategy to get it done quickly in the next Congress will have to be considered. Senators Orrin Hatch (R-UT) and Bob Casey (D-PA) are likely to be lead sponsors in the senate next year. Hatch will be the chairman of the Finance Committee, which has jurisdiction over the bill. This is excellent for its chances and a tribute to Hatch who has supported this legislation since it was first introduced more than ten years ago.

The National Institutes of Health (NIH) have had some true champions over the years from both sides of the Capitol and aisle. Losing Senators Ted Kennedy (D-MA) and Senator Arlen Specter (D-PA) and Representative David Obey (D-WI) a few years back was a blow to aging research. Now with the retirement of Harkin, we will need to increase our effort to identify and support new NIH heroes and heroines. Representative Jack Kingston (R-GA), who chaired the House Labor, Health and Human Services, Education, and Related Agencies Subcommittee, will not be returning in January either. His replacement is Representative Tom Cole (R-OK), who will be expected to challenge the president’s domestic funding priorities. Representative Rosa DeLauro (D-CT) will continue in the capacity as the ranking Democrat on the subcommittee. The Senate’s Labor, Health and Human Services, Education, and Related Agencies subcommittee will have lost Harkin as chair, and it has yet to be determined who will fill the ranking minority member role. Whether the bipartisan efforts of the current full committee chairs, Senator Barbara Mikulski (D-MD) and Representative Harold Rogers (R-KY), can continue remains to be seen, but sequestration will be back on the table and additional discretionary spending cuts will likely be included in the Republican budget proposals next year.

Of course, none of us really knows what the elections mean for health and aging. But we do know that there have been times when legislative success has come with one party controlled the White House and the other controlled both the House and Senate. Our work now is to educate new members about the value of what we do and the need to improve the lives of older adults.
Report Gives English Care Overview

The Care Quality Commission (CQC) has published its fifth annual report on the state of health and care services in England. Over the past year, the CQC’s inspections have found front line staff delivering excellent care, but inspectors have also found poor services where people were not getting the care they should expect. CQC officials said this variation in the quality and safety of care in England is too wide and unacceptable and has a detrimental impact on people who use health and care services and their families. The report gives CQC’s perspective on the state of health and adult social care in England over the past two years. It offers a unique perspective across more than 40,000 health and care services. Many of the issues raised in this report involve new approaches across the National Health Service (NHS). CQC supports NHS England and the other NHS leaders’ Five Year Forward View, due to be published soon, setting out why the NHS needs to change and what it needs to do in order to meet the needs of patients and close the care gap. A copy of this report can be viewed at www.cqc.org.uk/content/state-care-2013-14.

Canadians’ End-of-Life Wishes Being Ignored

According to The Globe and Mail, a Canadian research study has found that doctors’ goals and patients’ treatment preferences are not always in sync when it comes to end-of-life issues. A team of scholars with backgrounds in general internal medicine, critical care medicine, and palliative care Canadian researchers surveyed 233 hospitalized older adults with serious illnesses and 205 family members about the importance of the 11 guideline-recommended elements of end-of-life care. The patients had been admitted to nine hospitals in British Columbia, Alberta, Ontario and Quebec. Patients reported that of the 11 key elements, an average of only 1.4 had been discussed with the health care team within the first few days of admission to hospital. The more elements of care that physicians discussed with patients, the higher the satisfaction that they and their families reported regarding care received, and the higher the concordance between preferred and prescribed goals of care.

Dementia Prevalence Leads to Japanese Government Action

A November article in The Japan News reported that the Japanese government will soon roll out a new national strategy to address dementia, in which all ministries and agencies jointly tackle issues related to the disease — with the work to be informed by a nationwide survey targeting 10,000 people to help develop effective treatments. be added that the government plans to start the survey, which will cover about 10,000 people nationwide, from fiscal 2016. According to the article, about a quarter of older Japanese people currently suffer from dementia or incipient dementia.

Singapore Sees Rise in Senior Employment Rates

Employment rates among older workers in Singapore here have been rising significantly, according to an article published in Today Online. A government minister attributed this to government policies, particularly through a program called the Special Employment Credit (SEC). In 2013, more than 100,000 employers received the SEC for hiring 445,000 eligible employees. The SEC was introduced in 2011 to encourage the hiring of older workers among employers, who can receive up to 8 per cent of each eligible worker’s monthly wage. Last year, 71 percent of Singapore residents aged 55 to 59 were employed, up from 64 percent in 2008, while 39 per cent of those aged 65 to 69 were hired in 2013, up from 26 percent in 2008.

Continued from page 1 – New President Outlines Vision for Year Ahead

can have long-term effects on our overall health and mental states. Childhood obesity is at epidemic proportions, and has multiple social and health effects throughout life. As researchers, we must, therefore, take the long view and consider events throughout the life course when we plan our studies and analyze our data.

Biology, social interactions, psychological experiences, the environment and public policy all interplay throughout the life course to determine health outcomes; this is the impetus for us to reinforce existing and to develop new interdisciplinary connections. In addition, as educators, we can capitalize on the fact that aging is a lifelong process, thus enabling us to capture the attention of today’s youth who are in a position to make important lifestyle choices that can affect their future trajectory.

We also need to educate and communicate our research findings on the lifelong process of aging to the general public in a language that avoids jargon and specialized technical terms, so as to increase awareness regarding all facets of aging.

Finally, as we approach the 2017 International Association of Gerontology and Geriatrics World Congress (which GSA will be hosting in San Francisco in July of that year), it is timely and important for us to become cognizant of and take advantage of policies and practices developed by other nations that may inform our research on early life effects on aging.

I look forward to greeting you at our 2015 Annual Scientific Meeting in Orlando, taking place at the Swan and Dolphin Hotels in proximity to Walt Disney World — a venue that embodies imagination, excitement, and creativity, and provides the type of relaxed atmosphere that encourages fruitful interactions. Together with my very able Program Committee co-chairs, Drs. Darlene Yee-Melichar and Bill Sontag, and the amazing GSA staff, we plan for a rewarding and enriching meeting with a robust scientific program. See you in Orlando!

Rita B. Effros, PhD, is a professor of pathology & laboratory medicine within the David Geffen School of Medicine at the University of California, Los Angeles. She is a member of the Molecular Biology Institute and the Jonsson Comprehensive Cancer Center, and serves as the co-director of the Aging & HIV Program Area of the UCLA AIDS Institute. The abstract submission deadline for the 2015 Annual Scientific Meeting is March 5. Learn more at www.geron.org/2015.
Meet the New ESPO Officers

Thanks are given to the incoming ESPO Executive Committee for their contributions to this month’s column.

The incoming ESPO Executive Committee officers are installed after each GSA Annual Scientific Meeting. ESPO members voted for these excellent representatives who promise a successful and productive year for ESPO and GSA. Please take a moment to read about the new leaders and don’t be too shy to contact them throughout the year at espo@geron.org.

Chair: Elizabeth Hahn Rickenbach, PhD
Rickenbach is an assistant professor in the Department of Psychology at Saint Anselm College in Manchester, New Hampshire. In 2014, she completed a post-doctoral research fellowship in the Lifespan Development Lab at Brandeis University. In 2012, she received her PhD from the School of Aging Studies at the University of South Florida. Her work focuses on behavioral and psychological factors that influence healthy cognitive and emotional aging. Specifically, her research interests include the examination of daily experiences of stress and coping among individuals with mild cognitive impairment and their care partners. Rickenbach has been a member of GSA since 2008, and has enjoyed serving as a volunteer leader in various ESPO positions. She was previously ESPO Secretary and the chair of the Student Paper/Poster Awards Committee. As ESPO Chair, she is looking forward to continuing the development and visibility of the ESPO organization as a system for both support and networking for emerging scholars and professionals of GSA. Rickenbach said she will work to connect and engage a greater number of the existing student and transitional members in the ongoing ESPO activities throughout the year and increase awareness for the great leadership opportunities available through ESPO.

Chair-Elect: Jaime Hughes, MPH, MSW
Hughes is a doctoral student in the School of Social Work and the Gillings School of Global Public Health at UNC-Chapel Hill. She is supported by a NIH T32 Predoctoral Fellowship in the UNC Department of Physical Medicine and Rehabilitation's Program on Integrative Medicine. Her research revolves around the intersection of military service, trauma, and health behaviors on long-term cognitive and functional outcomes with a particular interest on the role of sleep in healthy aging. Hughes recently completed a two-year term with the ESPO Webinar Task Force, where she helped to develop and launch the ESPO Professional Development Webinar Series, an activity she is committed to continuing. Hughes’ goals as an ESPO leader are to contribute to the GSA website and ESPO Community on GSA Connect to include a clearinghouse of ESPO-targeted resources, develop writing groups between Society sections throughout the year, and collaborate with leaders of GSA’s The Mentoring Effect to expand ongoing opportunities for mentorship between emerging and distinguished professionals.

Secretary: Glenna Brewster, MS, RN, FNP-BC
Brewster is a National Hartford Centers of Gerontological Nursing Excellence Patricia G. Archbold Scholar and a doctoral candidate at the University of South Florida College of Nursing. She is also currently completing her master’s degree in gerontology at the USF School of Aging Studies. Her research interests focus on sleep, depression, and cognitive function in caregivers and older adults. She was the president of the Doctoral Nursing Students Organization and a graduate student ambassador. Brewster is also a member of Sigma Theta Tau and has served in several leadership capacities for the organization. Brewster’s goals for ESPO during her position as secretary will be to accurately present the views of ESPO members by seeking ESPO members’ input and collaboration for the ESPO News column. As secretary, she said she wants to enhance communication by using the newsletter as a platform to share ideas. She looks forward to incorporating the skills learned from her many previous leadership roles as secretary and to working with ESPO colleagues in the upcoming year.

Communications Chair: Linda Park, PhD
Park received her PhD from the Department of Human Development and Family Studies at the University of Wisconsin-Madison with minors in research methods in cultural studies and social welfare in 2013. She also holds a master’s degree in social work and business management. She positions herself as a cultural gerontologist whose research focuses on aging immigrant families and health literacy, specifically the influence of cultural and linguistic literacy on the intergenerational relationships of adult children to their parents. Currently, she is teaching a course on race and cultural intelligence in the School of Social Work. She received four mentoring awards as a graduate student and has served on the GSA ESPO Newsletter and International Task Forces. As communications chair, Park will build upon existing channels of communication to be more inclusive of racial and ethnic groups. She also will work to expand the diversity of the organization and to strengthen networking and mentoring opportunities.
The following awards were announced during GSA’s 67th Annual Scientific Meeting in Washington, DC. The Society salutes the outstanding researchers below for their contributions to gerontology and thanks the selection committees for their time and efforts in choosing the winners. For information on how to apply for GSA’s awards, visit www.geron.org/membership/awards.

**Society-Wide**

**Theoretical Developments in Social Gerontology**
Kenneth F. Ferraro, PhD
Purdue University Center on Aging and the Life Course
“What Do We Mean by Accumulation? Advancing Conceptual Precision for a Core Idea in Gerontology”

**Senior Service America, Inc., Senior Scholar Award for Research Related to Disadvantaged Older Adults**
Becca Levy, PhD
Yale University
“Lower Prevalence of Psychiatric Conditions When Negative Age Stereotypes are Resisted”

**Behavioral and Social Sciences Section**

**Student Research Award – Dissertation**
Da Jiang, MPH
Chinese University Hong Kong
“When Future Time is Limited, What Feelings Do People Want to Feel: The Relation Between Future Time Perspective and Ideal Affect”

**Student Research Award – Pre-Dissertation**
Joshua L Rutt, MS
Cornell University
“When Past to Future: Temporal Self-continuity Across the Life Span”

**Health Sciences Section**

**Person-In-Training Award**
Elizabeth Chen, MPH
University of Massachusetts–Boston
“Does Enrollment in Capitated Health Plans Predict Location of Death?”

**Research Award**
Andrea Rosso, PhD
University of Pittsburgh
“Multisystem Physiologic Impairments and Changes in Gait Speed of Older Adults”
2014 awardees

Social Research, Policy, and Practice Section

Elaine M. Brody Award
Sharon J. Brande, MA
University of South Florida
“Assisted Living Facility End-of-Life Care: Resident Hospice Use and Direct Care Staff Training”

Outstanding Student Poster Award
Pamela Roberto
University of Maryland Baltimore
“Understanding the Costs of Disability Among Medicare Beneficiaries”

Carroll L. Estes Award
Marguerite DeLiema
University of Southern California
“Identifying Older Victims of Fraud”

Emerging Scholar and Professional Organization

Interdisciplinary Paper Award
Jooyoung Kong, MSW
Boston College
“The Effect of Childhood Abuse on Intergenerational Support to Aging Parents”

Poster Award
James D. Stowe, MS
Washington University
“Planning for Life after Driving: An Intervention Study”

Poster Award
Rong Fu, MS
Purdue University
“Consequences of Early Parental Loss on Cognitive Impairment in Old Age: Does Gender Make a Difference?”

Poster Award
Caitlan A. Tighe, MA
University of Alabama
“Self-Rated Health Moderates the Association of Daily Regularity and Affect in Older Adults”

Poster Award
Monique J. Brown, MPH
Virginia Commonwealth University School of Medicine
“Psychopathology and HIV Diagnosis among Older Adults: Disparities by Sex, Age, and Race/Ethnicity”

Poster Award
Shraddha Sapkota
University of Alberta
“Independent and Interactive Associations of Apolipoprotein E and Clusterin with Personality Traits on Declarative Memory Performance in Older Adults”

Poster Award
Rong Fu, MS
Purdue University
“Consequences of Early Parental Loss on Cognitive Impairment in Old Age: Does Gender Make a Difference?”

Minority Issues in Gerontology Committee Student Poster Award
Rong Fu, MS
Purdue University
“Consequences of Early Parental Loss on Cognitive Impairment in Old Age: Does Gender Make a Difference?”

Douglas Holmes Award for Quality of Life/Quality of Care
Kaitlyn P. Roland, PhD
University of Victoria
“Meaningful Activity for Persons with Dementia; Family Caregiver Perspectives”
Diverse Attendance

Approximately 4,000 people made their way to Washington, DC, for GSA’s 67th Annual Scientific Meeting. Among them, 18 percent came from a total of 40 countries outside the U.S. The program featured more than 400 sessions during the five-day event at the Marriott Marquis Washington, DC, and Walter E. Washington Convention Center. Among the most popular presentations were the Presidential Symposia and Policy Series Symposia, which showcased the meeting’s theme, “Making Connections: From Cells to Societies.”

Unique Events

In the President’s Opening Plenary Session, National Institutes of Health Director Francis Collins, MD, PhD, delivered the keynote address. He discussed current aging-focused research underway at the NIH and highlighted some of the biggest discoveries in the field over the last several decades. The National Institute on Aging also celebrated its 40th anniversary with a special session at the meeting.

Taking advantage of the meeting’s Washington, DC, location, GSA convened a congressional briefing related to its OTC Sleep Aids and Sleep Health in Older Adults project. A new white paper on this topic, available through www.geron.org/otc, was released at the briefing.

GSA also held a listening session at the meeting that was designated as an official event for the 2015 White House Conference on Aging. Nora Super, the conference’s executive director, was on hand to gather information from GSA members on the four primary themes that have been identified for the conference: retirement security, long-term services and supports, healthy aging, and realizing the vision of the Elder Justice Act.

The photographs on the right give more details about these and many other highlights.
For the Gerontologists Giving Back service event, a dozen members performed volunteer service for Seabury Resources for Aging, a local organization dedicated to helping older adults live independently. The group also delivered toiletries donated by meeting attendees.

Several GSA members traveled to Capitol Hill to participate in the congressional briefing on the topic of OTC sleep aids and sleep health in older adults.

The National Institutes of Health celebrated its 40th anniversary at GSA’s meeting, led by the agency’s leaders in a special three-hour session.

Social Media Engagement
GSA’s meeting had more attendees using social media than ever before. There were more than 2,279 tweets using the #GSA14 Twitter hashtag, and 16 percent of attendees tweeted or made Facebook posts on site. Individuals could also view photos and tag themselves at receptions on Facebook; photos and videos from the meeting are available at www.facebook.com/geronsociety. Furthermore, attendees can continue to use the Annual Scientific Meeting Community on GSA Connect at connect.geron.org to upload and/or view meeting presentation documents.

GSA in the News
GSA issued press passes to more than 50 reporters in Washington, including representatives from U.S. News & World Report, Forbes, Next Avenue, The Dallas Morning News, La Opinión, and several NPR affiliates.

Among these press attendees were 19 new and 17 continuing participants in the Journalists in Aging Fellows Program, which GSA organized for the fifth consecutive year in conjunction with New America Media, supported by AARP, the Silver Century Foundation, and the John A. Hartford Foundation. Half of the participants in the program represented media outlets with ethnic minority audiences.

Visit www.geron.org/press for links to news articles that resulted from sessions at the meeting. This page will be updated continuously as participants in the Journalists in Aging Fellows Program submit their stories in early 2015.

Looking Ahead
The Call for Abstracts for the 2015 Annual Scientific Meeting — taking place from November 18 to 22 in Orlando, Florida — is now available on GSA’s website at www.geron.org/abstracts. The theme for this conference will be “Aging as a Lifelong Process.” All abstract submissions must be received by March 5.
University of Michigan Receives Funds for Aging Research Center
A $3 million grant from The Glenn Foundation for Medical Research will allow the University of Michigan (UM) to establish a national center of excellence in biogerontology research. The Paul F. Glenn Center for Aging Research at UM will focus on exploiting and expanding the growing evidence that drugs can slow the effects of aging and postpone diseases in animal models. Researchers aim to unlock mechanisms of aging that can help develop medications that may help people live longer, healthier lives. The center will have two components: The Model Systems Unit will analyze pharmaceutical agents using worms, flies, and cultured cell lines, and the Slow-Aging Mouse facility, which will use these animals to discover the pathways by which the drugs slow the effects of aging and postpone disease. The new center is a component of the UM Geriatrics Center and Institute of Gerontology, directed by GSA Fellow Richard A. Miller, MD, PhD. The UM Geriatrics Center is one of the premier programs in the nation for research into aging and age-related diseases. UM was the first and is currently one of only 13 National Institute on Aging Claude D. Pepper Older American Independence Centers. UM is also a National Institute on Aging designated Nathan Shock Center of Excellence in Basic Biology of Aging, one of only five in the nation.

Texas State’s New Degree Program Addresses Dementia
Texas State University in San Marcos, Texas, is offering the first Master of Science in Dementia and Aging Studies degree in the U.S. The curriculum combines knowledge of dementia, aging, person-centered and social models of care with skills and competencies in long-term care, research or an advanced practitioner study. This 33-hour interdisciplinary on-line degree is housed in the Department of Sociology but includes courses from the Department of Communication Disorders, the School of Health and Human Services. The program is designed for medical students, as recommended by the National Academy of Sciences.

Online Dementia Course Offered Free of Charge
The Johns Hopkins University will be offering an early 2015 Massive Open Online Course titled “Living with Dementia: Impact on Individuals, Caregivers, Communities and Societies.” The course will be led by GSA Fellows Laura Gitlin, PhD, and Nancy Hodgson, PhD. Over five weeks, participants will acquire foundational knowledge in the care of persons with Alzheimer’s disease and other neurocognitive disorders. Advance registration is required by January 12.

The University of Washington School of Nursing Offers New Training Program in Aging and Informatics
The University of Washington School of Nursing has received funding from the National Institute for Nursing Research to create a new T32 training program in aging and informatics. The program, led by GSA Fellow George Demiris, PhD, aims to recruit and retain a qualified diverse cadre of pre-doctoral and post-doctoral trainees to conduct gerontological research that integrates informatics tools, and to provide interdisciplinary didactic research training in the fundamental theories, methods, and skills necessary to conduct gerontological research including the design, implementation, and evaluation of informatics interventions or systems. Core program faculty in nursing, medicine, social work, computer science, and engineering have created an infrastructure to facilitate the ability of predoctoral and postdoctoral trainees to develop research expertise through ongoing research experience in aging and informatics that integrates mentoring by interdisciplinary teams, exposure to and immersion in ongoing research activities, and structured feedback and critique.

Continued from page 1 – Malnutrition a Hidden Epidemic, GSA Publication Finds

GSA’s mission by expanding scientific knowledge in aging and fostering application of research in the development of public policy.

“The newsletter raises awareness of the nutritional challenges faced by older adults and advocates for applying the existing science to current and future policies that will help improve their nutritional status,” she said.

The What’s Hot states that malnutrition cuts across all weight categories, from underweight to obese. An estimated one-third to one-half of U.S. adults are malnourished or at risk for malnourishment upon admission to the hospital — and longer hospital stays are associated with worsening nutritional status. Additionally, about half of older adults in rehabilitation settings are malnourished. Yet only about one-quarter of U.S. medical schools provide at least 25 hours of nutrition instruction for medical students, as recommended by the National Academy of Sciences.

But as the issue points out, there are a range of possible policy interventions that can help mitigate the problem — enhancing the health and quality of life for older adults while simultaneously reducing healthcare costs. The upcoming reauthorization of the Older Americans Act, for example, could be a key opportunity to expand access to malnutrition services and support.

“The agenda of the new Congress should include greater utilization of registered dietitians, nutrition screening, and counseling in the Older Americans Act; greater focus on nutrition in care transition grants under the Affordable Care Act; and coverage for oral nutrition supplements for at risk older adults,” Blancato said. “GSA and its publication make the point that good nutrition throughout the lifespan is the personification of prevention,” Blancato said. “GSA and its publication make the point that good nutrition throughout the lifespan is the personification of prevention.”
INTERDISCIPLINARY PH.D. PROGRAM IN AGING STUDIES

- Featuring an interdisciplinary curriculum with training and research opportunities that integrate novel aspects of both biomedical and psychosocial domains

- Preparing a new generation of leaders in gerontology who will assume key positions in academia and in the public and private sectors

- Broad faculty participation from the School of Medicine, School of Public Health and Tropical Medicine, School of Science and Engineering, School of Liberal Arts, School of Business, School of Social Work, School of Architecture, and School of Law

- Full tuition and stipend support provided

- Emphasis on aging from biological models and cells to higher level cognitive function and common disorders of aging; from the impact of aging on individuals and their interactions to societal perceptions of aging; and the influence of social structures and end of life issues on an aging population

Now accepting applications for Fall 2015!

For more information contact:
Elizabeth Beirise, Program Coordinator
Interdisciplinary Ph.D. Program
in Aging Studies
Tulane Center for Aging
1430 Tulane Ave., SL-12
New Orleans, LA 70112
Phone: 504-988-3369
e-mail: ebeirise@tulane.edu

Visit:
http://tulane.edu/som/aging/aging-studies/index.cfm
Medication Management Portfolio Released by LeadingAge

LeadingAge’s Center for Aging Services Technologies (CAST) has released a new portfolio of free tools designed to help long-term and post-acute care (LTPAC) organizations identify and select the appropriate medication management technology solutions that best fit their needs. The portfolio includes a white paper that helps organizations understand the range of issues surrounding medication management and outlines technology solutions available in the marketplace, as well as their uses and benefits. The white paper also provides guidance on the process of planning for and selecting appropriate technology solutions to improve medication management, and a selection matrix that compares 15 different products from 14 vendors across 305 different functionalities. The online selection tool helps providers identify the appropriate medication management products that include their “must-have” features. Functionalities range from care setting applicability to desired features in medication ordering, clinical decision support systems, administration and/or adherence; and a set of three case studies that provide real-life examples of how providers implemented medication management technologies. For more information, visit www.leadingage.org.

Tool Designed to Increase Awareness of LGBT Individuals in LTC Facilities

The U.S. Department of Health and Human Services’ (HHS) Administration for Community Living has released an online learning tool titled Building Respect for LGBT Older Adults. The resource is designed to increase awareness of the issues faced by lesbian, gay, bisexual, and transgender (LGBT) individuals living in long term care (LTC) facilities. Each of the six training modules includes video testimonials, quizzes, and information on how to make LTC more inclusive for older LGBT adults. After completion of the online training, program participants will be prepared to: Increase visibility of the issues facing LGBT individuals in LTC facilities; provide easy access to information on serving LGBT individuals in LTC facilities; encourage LTC facilities to provide opportunities for staff to take the online training; and change the way individuals and facilities approach older LGBT adults. The tool was developed in collaboration with the HHS Office of Public Affairs, the Centers for Medicare & Medicaid Services, and the National LGBT Resource Center, with input from aging and LGBT advocates. To access this resource, visit lgbtagingcenter.org/training/buildingRespect.cfm.

RAND is pleased to announce the 22nd annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 6-9, 2015. The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 6-7) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 8-9). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2015 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

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

For additional information, please contact Cary Greif (cary_greif@rand.org).

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health. RAND is an Equal Opportunity/Affirmative Action Employer.

CHAIR AND PROFESSOR  | Iowa State University
Department of Human Development and Family Studies

Required qualifications – Earned doctorate in HDFS or related field, leadership experience, and established scholarly record commensurate with the rank of professor.

Preferred qualifications – Accomplishments in leadership, team building, diversity, and administration; promotion of interdisciplinary work; commitment to land grant philosophy and support of Extension and outreach; exemplary record of external funding; and support of teaching excellence.

More at www.iastatejobs.com (posting #400033)

Advertise with Us!

This newsletter reaches GSA’s 5,500 members both in print and online. Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging.

See the current rates at www.geron.org/advertising.
Elder Justice Roadmap Features Three Training Modules

To support the mission of elder abuse prevention and prosecution, the U.S. Department of Justice has developed an interactive, online curriculum to teach legal aid and other civil attorneys to identify and respond to elder abuse. The new Elder Justice Roadmap, supported by the DOJ and the Department of Health and Human Services, was developed by harnessing the expertise of hundreds of public and private stakeholders from across the country and by gathering their input. Through expert summits, the DOJ identified the most critical priorities and concrete opportunities for greater public and private investment and engagement in elder abuse issues. The Roadmap reflects the knowledge and perspectives of these experts in the field and will be considered by the Elder Justice Coordinating Council and others in developing their own strategic plans to prevent and combat elder abuse. The first three modules of the training cover what lawyers should know about elder abuse; practical and ethical strategies to use when facing challenges in this area; and a primer on domestic violence and sexual assault. This training will expand to include six one-hour modules covering issues relevant to attorneys who may encounter elder abuse victims in the course of their practice. To learn more, visit ncea.acl.gov.

Website Aids Clinicians Managing Older HIV Patients

According to a new editorial and updated clinical content on HIV-Age.org, older adults living with HIV continue to be sexually active, creating a need for more education among both HIV positive and negative older adults. To help practitioners provide optimal care to the growing number of sexually active, HIV-positive older patients, the chapter “Sexual Health in HIV and Aging” from the Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV (the first clinical treatment strategies for managing older HIV patients) has been recently updated. To accompany this chapter, a featured editorial, “HIV and the Aging Services Network,” by Danielle Nelson, MPH, of the Administration on Aging, focuses on the role the Aging Services Network plays in educating older adults about HIV prevention and testing. The editorial offers a number of helpful resources and materials specifically designed to inform older adults about the risks of HIV/AIDS and to encourage them to know their status by getting tested for HIV. The website is also featuring social media campaign elements from the Age is Not a Condom campaign developed by ACRIA, the not-for-profit community-based AIDS research, HIV prevention, and treatment education center.

YALE TRAINING PROGRAM IN GERIATRIC CLINICAL EPIDEMIOLOGY AND AGING-RELATED RESEARCH

With sponsorship from the National Institute on Aging, Yale University is offering a two- to three-year postdoctoral training program in geriatric clinical epidemiology and aging-related research. The goal of the program is to provide highly qualified fellows (MDs or PhDs) with research skills in geriatric clinical epidemiology and an intensive research experience under the mentorship of experienced investigators in gerontology and geriatric medicine. Trainees will have access to resources and expertise through the Program on Aging/Claude D. Pepper Older Americans Independence Center, the Robert Wood Johnson Clinical Scholars Program, the Investigative Medicine Program, the School of Public Health, and the Geriatric Medicine Program. Upon successful completion of the Program, MDs may receive a Master of Health Sciences Research from the Yale School of Medicine. Candidates who have a PhD should have completed their doctoral training in areas such as (but not limited to) gerontology, public health, epidemiology, biostatistics, psychology, or biology, and should be committed to an academic career in aging-related research. Minority candidates are encouraged to apply. US citizenship or permanent residence is required.

Application materials can be obtained at http://medicine.yale.edu/intmed/geriatrics/fellowships/research.aspx#page1.

Information about the Yale Program on Aging may be found at http://medicine.yale.edu/intmed/geriatrics/research/index.aspx

Deadline for Application Submissions is January 23, 2015

Job Opportunity: Director of Interventional Research in Aging

The Institute for Aging Research (IFAR) at Hebrew SeniorLife, a Harvard Medical School (HMS) teaching affiliate, is seeking an experienced PhD or MD clinical investigator to direct its new program of interventional research focused on translating clinical research findings into larger-scale initiatives to improve the quality of life and care of seniors.

The ideal candidate should have an advanced degree and experience in conducting clinical trials. They should have a track record of external funding and qualify for a Harvard Medical School appointment as Assistant or Associate Professor. They will be expected to spend part of their time on their own funded research portfolio, and the remainder on building the clinical trials capacity of our Institute.

The new Director will also be expected to help supervise research fellows and participate in various seminars and teaching activities.

Interested candidates should send their CV and cover letter describing their background and interests to: IFARcareers@hsl.harvard.edu

Harvard Medical School and Hebrew Senior Life are Equal Opportunity/Affirmative Action employers. Women and minorities are particularly encouraged to apply.
Grants Will Support Studies on Self-Management of Chronic Conditions

A new National Institutes of Health initiative is aiming to support research in self-management focused across conditions. A recent report from the Institute of Medicine identified the epidemic of chronic condition as the nation’s leading health challenge and called for cross-cutting, coordinated public health actions for “living well with chronic illness.” This funding opportunity announcement addresses that recommendation by describing an initiative that focuses on self-management as a mainstream science in order to reduce the burden of chronic illnesses/conditions. Details can be found at 1.usa.gov/1wDgyfE. Applications are due January 5, 2015.

Applications Sought for Geroscience-Related Epigenetic Analyses of Aging

The emergent field of geroscience seeks to relate the biology of aging to the development of chronic diseases and the onset of degenerative conditions which are prevalent in the older segment of human populations. It is generally accepted that age is the major risk factor for most chronic diseases and degenerative conditions in adults. Thus, a critical question in geroscience is to identify components in the biology of aging that are the underlying risk for multiple chronic diseases and degenerative conditions. Therefore, a new funding opportunity announcement issued by the National Institute on Aging will support planning grants to circumscribe the scope of this question and suggest ways to answer it experimentally. The focus will be on epigenetics underlying aging as a risk factor for age-related diseases and degenerative conditions in humans. Mortality and age-related mortality are outside the scope of this announcement. Applications and studies using model organisms are outside the scope of this announcement. Applications are due January 15, 2015. See more at 1.usa.gov/1wDdHmQ.

The Retirement Research Foundation Accepting Applications for Projects in Aging

The Retirement Research Foundation (RRF) is currently accepting grant requests for its application deadline on February 2, 2015. RRF is devoted to improving quality of life for older Americans. Through its responsive grants program, RRF supports: direct service; advocacy; education and training programs for professionals working with elders; and research to seek causes and solutions to significant problems of older adults. Proposals for projects that have a local focus are considered from organizations based in seven states: Illinois, 16

December 2014 • gerontology news

The University of Illinois at Chicago, School of Public Health, Division of Community Health Sciences is recruiting candidates with an outstanding research background in health promotion interventions with minority older adults for a tenured associate or full professor position. In addition to holding a faculty appointment in Community Health Sciences, the successful candidate will assume a leadership role in the Center for Research on Health and Aging. This senior level position is the lead position in a Chancellor-sponsored campus wide cluster hire initiative entitled “Health Promotion for Racially and Ethnically Diverse Older Adults” and will be actively involved in recruiting four additional tenure track faculty specializing in related research in Disability and Human Development, Physical Therapy, Occupational Therapy and Health Policy and Administration.

Qualifications include a PhD in Public Health or a related area; Expertise in gerontology and health promotion interventions with minority older adults; Exceptional research and scholarly capacity with a strong track record of external funding; A distinguished record of publications related to health promotion interventions with minority older adults; At least 5 years of experience teaching graduate level courses and mentoring graduate level students. Interested individuals can contact Dr. Susan Hughes at shughes@uic.edu for more information.

To apply please visit: https://jobs.uic.edu/job-board/job-details?jobID=44684&job=associate-full-professor-public-health-community-health-sciences

Salary is commensurate with experience and qualifications. The University of Illinois is an AA/EOE/ADA institution committed to cultural diversity. For fullest consideration apply by December 31, 2014. This position will remain open until filled.
funding opportunities

Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects of national relevance are considered from organizations located anywhere in the U.S. To learn more, please visit http://www.rrf.org or email info@rrf.org.

NIA Seeks Applications for the Next Phase of MIDUS Study
The National Institute on Aging (NIA) is soliciting applications for grants to enable the next five-year cycle of the Midlife in the United States (MIDUS) Study, a national longitudinal study of health and well-being. The goals of this next phase are to complete the third wave of longitudinal data collection and enhance content in the area of daily stress; complete the second wave of data collection of clinical biomarkers and affective neuroscience assessments; continue innovative sub-studies such as how psychosocial influences affect gene expression and novel methods to track and reinstate non-responders; connect these content areas through innovative analyses to data on health, functioning, personality, cognitive status, affective functioning, economic well-being, social relationships, and well-being; and maintain and enhance data distribution and user support. A central goal of the MIDUS study is to support data dissemination, user support of public use files, and encourage data use broadly by the scientific community. There are several submission due dates, but the next available application deadline is January 25, 2015. Additional information can be found at http://1.usa.gov/1o9J4qa.

Funding Offered for Research on Muscle Mass, Mobility
The National Institute on Aging (NIA) is inviting applications for support of analyses of existing data (or data whose collection will be completed within one year) from older populations with high prevalence of mobility disability, low muscle mass, and low muscle strength (weakness). Interventions targeted at low muscle mass and/or weakness may prevent or reduce mobility disability in some older persons; to assess the efficacy of such interventions against mobility disability, the NIA sees a need to test them in persons in whom muscle mass and/or strength are (or will be) sufficiently low to be likely contributors to disability. Applications submitted in response to this announcement should support development and evaluation of diagnostic cut-points based on analyses of relations of mobility disability to muscle mass and strength. These analyses should extend and expand upon analyses to date on this topic, which have identified and proposed cut-points for low muscle mass and weakness. Applications are due January 15, 2015. For more details, visit 1.usa.gov/1w7rzYq.

Do you know someone who...
Has provided outstanding contributions to the field of gerontology?
Work can include but is not limited to:
- Academic
- Administration
- Clinical or Other Practice
- Public Service
- Public Policy

Nominate your peers to become a GSA fellow, the highest class of membership within the Society.

Questions?
Ask a Fellow on GSA Connect

Nominations accepted until February 15. Visit www.geron.org/fellows for details.
THE CHANGING FACE OF AGING AROUND THE WORLD

As a unique network of institutions dedicated to advancing scholarship in gerontology, AGHE’s educational programs set the benchmark for standards in academic programs across the country. With over 160 colleges and universities that offer education, training and research programs in the field of aging, AGHE invites these leaders to come together annually at the Annual Meeting & Educational Leadership Conference, the premier national forum on gerontological and geriatrics education.

LEARN MORE AT AGHE.ORG/AM
As gerontologists, what we study is actually the cumulative outcome of lifelong events that culminate during old age. These effects, which can begin at the earliest stage of fetal development, encompass biology, social interactions, historical events, psychological experiences, and public policy.

The 2015 theme challenges researchers to highlight possible consequences of early life effects on aging, be it through biomedical events, nutrition, socioeconomic status, educational opportunities, stressful life experiences, or social relationships. Through the interdisciplinary research of our attendees and the expansion of our view of aging as a lifelong process, we have the potential to truly enhance the prospect of healthy aging.

The call for abstracts will be available mid-December and are due by March 5, 2015.
December 2014
printed in the U.S.

GSAConnect

Connecting you to thousands of gerontology professionals around the world.

NEW!

GSA Connect, a professional networking tool, was inspired by GSA members themselves.

As gerontologists call GSA their professional home, they requested a tool that allows them to share resources, communicate easily with their networks on a small or large scale, and connect with others on a professional level. That is where GSA Connect was born — an essential tool for GSA members and a part of our ongoing efforts to better serve your needs.

GSA Connect provides you an easy way to reach out to other gerontologists; whether searching for a psychologist or an economist, GSA's multidisciplinary membership spans disciplines as well as the globe.

Get started now! Visit www.geron.org and log in to GSA Connect to create your profile and start interacting with your network.

Join GSA Connect Today in Three Easy Steps:

1. Go to www.geron.org and click GSA Connect.

2. Click the "Log in to see members only content" on the top right side of the page. Use your GSA login credentials. You can also selectForgot My Password or email membership@geron.org if you do not know your login information.

3. Click My Profile and update your record by uploading a photo, inputting job history, and creating a short bio.