New GSA President Shares Vision for Year Ahead

It is a privilege indeed to serve as your GSA president in 2018. I have long thought of the Society as a great, open-sided tent under whose canopy gerontologists come to share their work, forge friendships, and find a renewed sense of support for their scientific, scholarly, educational, and professional passions. The tent is now in its eighth decade, held aloft by the efforts of nearly 500 member volunteers and a dedicated GSA staff. Talk about successful aging.

In 2018 we return to our customary annual rhythm after the exceptional hosting of the 21st World Congress of Geriatrics and Gerontology in July 2017. This meeting in San Francisco convened 6,000 attendees from more than 75 countries. Although the World Congress was under the aegis of an international body, IAGG, it was GSA’s meeting apparatus — its staff and volunteer leaders — that managed the feat.

The times give us important work to do, and each of us has our own opinion about what that may be. For example, the GSA section chairs articulated what “keeps me up at night” — urgent issues that they see for the field — during an October webinar on “Trends in Aging.”

By David J. Ekerdt, PhD, FGSA

GSA’s Voice Now Prominent in National Vaccine Dialog

With two new publications and a recent Capitol Hill briefing to its credit, major stakeholders and policymakers are increasingly looking to GSA and its National Adult Vaccination Program (NAVP) as trusted sources of information on vaccines and older adults.

The Society’s name will be most visible in this arena as a partner on a new guidebook with the American College of Physicians and the American Pharmacists Association. “Aging and Immunity: The Important Role of Vaccines” was produced with support from GlaxoSmithKline and will be distributed to each organization’s membership and other key groups. This new resource focuses on understanding the aging body and the boost to declining immune function that vaccines provide.

“We know that adults over age 50, no matter how healthy, see a natural decline in immune function,” said James Appleby, BSPharm, MPH. “But we are only recently coming to understand how to best tailor vaccines to optimally boost that immunity.”

The other new publication from GSA is an issue in the What’s Hot publications series, titled “Addressing the Complex Impact of Immunosenescence: The Value of Vaccination.” This is an update to a 2011 installment on immunosenescence (changes in the immune system related to aging). Now, GSA reviews some of the causes and consequences of immunosenescence, along with efforts to mitigate its effects through vaccination. The publication explores underappreciated reasons to continue working toward the U.S. government’s Health People 2020 vaccine goals.

Continued on page 7
Let’s Toast to a Remarkable 2017!

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

It’s my annual pleasure to share some of the greatest successes that GSA has experienced in the past year — not only because they show what GSA has done for its members, but because members play a key role in making them happen.

GSA Unites International Aging Community: The milestone IAGG World Congress of Gerontology and Geriatrics that GSA hosted in July was the largest event of its kind ever held. GSA was privileged to provide this service to our field. I thank our many members who helped organize it, gave presentations, and attended. And GSA looks forward to working with the IAGG secretariat, which will be based in the U.S. for the next four years under the leadership of new President (and former GSA President) John W. Rowe.

GSA Journals Lead the Field: Research contributed by GSA members is making waves! The latest impact factor metrics showed that GSA’s journals reached new highs this year; Society publications now hold three of the top four positions in the Gerontology category of Journal Citation Reports: Social Sciences Edition. And GSA launched the new online open access journal, Innovation in Aging.

Policymakers See GSA as Trusted Source: GSA representatives spent a lot of time on Capitol Hill in 2017. We hosted Congressional briefings on family caregiving and adult vaccinations. And we supported GSA member testimony in Congressional hearings on social isolation, hearing aids, and natural disasters. GSA now participates in 46 advocacy coalitions — often the real movers of change in Washington — and we play leadership roles in many of them.

Journalists Flock to GSA: GSA’s Journalists in Aging Fellows Program, now in its eighth year, enabled its newest cohort to participate in the World Congress and report on our members’ research. Their stories featured in many prominent media outlets, reaching an audience of millions with vital information (including important coverage of the plight of older Puerto Ricans in the wake of Hurricane Maria).

GSA Releases KAER Toolkit: GSA introduced a free online toolkit to aid primary care providers in achieving greater awareness of cognition in their older adult patients, increasing detection of cognitive impairment, securing earlier diagnostic evaluation, and referring to community services. This is focused on GSA’s the KAER model: Kickstart the cognition conversation; Assess for cognitive impairment; Evaluate for dementia; and Refer for community resources.

Toolkit Empowers Gerontologists to Address Ageism: The Leaders of Aging Organizations — the eight-member collaborative that GSA co-founded — released “Gaining Momentum: A Communications Toolkit,” which is designed to help professionals in the field address ageism and shape a more productive narrative around aging issues. Ultimately, we seek to close the gaps between expert and public understanding of aging.

GSA Promotes Oral Health: GSA launched a new initiative, Oral Health: An Essential Element of Healthy Aging, designed to identify solutions and create a roadmap for improving the interprofessional oral health care of older adults. To aid this effort, GSA formed an expert workgroup, released a new What’s Hot publication, relaunched its Oral Health Interest Group, and convened a stakeholder forum followed by a white paper.

Vaccine Awareness Spreads Nationwide: GSA, through its National Adult Vaccination Program (NAVP), yielded many accomplishments. Our NAVP Immunization Champions, Advocates, and Mentors Program equipped health care professionals to improve adult immunization practices in their health care systems. We hosted an important Capitol Hill briefing on successful programs for increasing immunization rates. And GSA partnered on a new publication to help clinicians understand the biological impact of aging on immunity.

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Elliot Bergman, PhD, passed away on December 6, 2016, at the age of 86. Bergman was energized and motivated by discovery and science. This included numerous patents, many of which were commercialized and used widely in industry and agriculture. When he retired from the traditional workforce he never stopped pursuing knowledge and scientific progress. Bergman regularly attended conferences on the science of aging, read research papers, and co-founded an organization aimed at promoting research on the biochemical mechanisms underlying aging.

New Books by Members

• "The Gerontological Imagination: An Integrative Paradigm of Aging," by Kenneth Ferraro, PhD, FGSA. Published by Oxford University Press, 2018.


Members in the News

On September 7, Nancy Kropf, PhD, FGSA, was interviewed by The Conversation in an article titled, “Why more Grandparents are Raising their Grandchildren.” She discussed research on the importance of custodial grandparents.

Colleague Connection

This month’s $25 amazon.com gift certificate winner:

Nina Silverstein, PhD, FGSA

The recipient, who became eligible after referring new member Laura Driscoll, 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: Jung Kwak, MSW, PhD, FGSA

Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

Maxwell Receives Geriatric Nursing Award

The National Hartford Center of Gerontological Nursing Excellence (NHCGNE) has named Cathy Maxwell, PhD, RN, its 2017 NHCGNE Innovation Award recipient. The award recognizes and celebrates innovative programs and projects that highlight excellence in gerontological nursing. It is given to a member or team for innovation that positively impacts nursing care for older adults. Maxwell, assistant professor of nursing, was recognized for her work on frailty and geriatric trauma. Her research highlights the high prevalence of frailty in the geriatric trauma population and calls for screening efforts to identify frailty in clinical settings, as well as for interventions to prevent, delay and decrease the burden of frailty.

Davies Earns AGE Lifetime Scientific Achievement

Earlier this year, Kelvin Davies, DSc, PhD, FGSA, received the Denham Harman Award for Lifetime Scientific Achievement from the American Aging Association (AGE). This distinction is AGE’s highest research honor, given only in years when an outstanding candidate is nominated to the Board of Councilors. Established in 1978, the award was named in honor of a co-founder of AGE, and is given to researchers who have given outstanding contributions to aging science over the course of their careers. The accolade was presented during AGE’s annual meeting in New York, where Davies presented his Denham Harman Award Lecture, “From the Oxygen Paradox to Adaptive Homeostasis: the Ruminations of an Aging Free Radical.”

GSA Connect Corner

• Nina Silverstein, PhD, FGSA: “José R. Carrión-Baralt, PhD, MPH, a longtime GSA/AGHE member at the University of Puerto Rico, identified the AARP Foundation as one of only a few organizations specifically targeting funds to help older adults recover from the devastation of Hurricane Maria. According to José, the relief effort is likely going to take time and resources—please help. http://www.aarp.org/aarp-foundation.”

• Kathy Sykes, FGSA: “While NIA collaborated with The National Institute for Environmental Health Sciences (NIEHS) and the Environmental Protection Agency this past June, much more needs to be done to better understand and prepare for extreme events. The majority of the victims of flooding from hurricanes and heavy rains, from wildfires and heat waves are older people and people. Climate change has been described as the major health threat facing this century and we need to recognize its importance.”
Many of you have read “Families Caring for an Aging America,” a report released in September 2016 by The National Academies of Sciences, Engineering, and Medicine (NASEM). You may also know of GSA’s role in disseminating the report with the help of a grant from The John A. Hartford Foundation, and you may recall that more than half of the study committee’s members are GSA members.

GSA has been broadly disseminating the report’s findings and recommendations, and I pitched in to organize for GSA a briefing for congressional staff, aging advocates, stakeholders, and the public — titled “Congressional Stories of Family Caregiving.”

The briefing featured the caregiving experiences of six members of Congress. Other speakers included Alan Stevens, PhD, FGSA, the director of the Center for Applied Health Research at Baylor Scott & White Health; and GSAs own Patricia D’Antonio, our senior director of professional affairs and membership. The moderator for this moving and well-attended event was Rani Snyder, MPA, a program director at The John A. Hartford Foundation, who has worked in the caregiver issues space for many years. GSA also partnered with three leaders in the field, the National Alliance for Caregiving, the Alzheimer’s Association, and AARP to host the briefing.

Involving members of Congress in the briefing served to bring attention to the NASEM report’s roadmap for the future, National Family Caregiving Month, and as a call to action for Congress. So, in their own words, here are excerpts from what the members of Congress told us about their personal caregiving experiences.

Rep. Michelle Lujan Grisham of New Mexico chairs the bipartisan, bicameral Assisting Caregivers Today (ACT) Caucus.

“I want to thank the Hartford Foundation, AARP, The Gerontological Society, every partner who is having a conversation about where to go from here — and the good news is there’s lots of folks, including yourselves and members of Congress, and policymakers all over the country who are having conversations every single day because it’s a crisis. … I’m still a caregiver for my mom and while the majority of her issues really are functional, she’s now really suffering from growing cognitive impairments. … She’s now in an assisted living five days a week. I break her out on weekends because if I don’t it’s not fair, and she needs that break, and I can tell you that she’s wonderful and lovely, but the caregivers are glad to see her go. So, it works for all of us … my mother has Medicaid … but even so, I have to navigate every medical appointment. I have to do all the follow-up. It doesn’t matter that she’s in assisted living … I have to be on it every single minute of every single day, and I have help and it’s all paid for. … I’ve got a bill called Care Corps … [that] would create a national service program in this country like the Peace Corps. We have to really embrace the idea that if we don’t shore up caregivers, no financial supports will be enough to do what’s needed. … Let’s embrace it and invest in the families who are willing to help us, and create a brand new dynamic that shifts the conversations, creates an intergenerational awareness, and gives people respect and dignity, which will save us money.


“I was a caregiver for my father, who, for the last seven years of his life, lived with me, and my husband, and the dogs, and the cats. … It was a real blessing to be able to do that, but I couldn’t have done it without the support, including the paid caregivers, etc. … Family caregivers provide so much more than just help with medical needs, and daily activities like bathing, or cooking, or cleaning. It’s the emotional support that’s also so important for the people that we care for. We are glad to do it and feel rewarded by caregiving for our loved ones, but if the demands are heavy over time, we can also become exhausted, and stressed, and sick ourselves. We feel like we should be able to handle this caregiving role on top of busy work and family schedules, and feel guilty as our energy fades. … Our nation is facing a severe and mounting shortage of health care professionals to meet the needs of older Americans. … That’s why I’m working to reauthorize the Geriatric Workforce Enhancement Program and Geriatric Academic Career Awards, as one part of the solution to this shortage. … I was delighted to introduce H.R. 3713 … Geriatric Workforce and Caregiver Enhancement Act. … This bill reauthorizes programs that develop a health care workforce that maximizes patient and family engagement, and improves health outcomes for older adults by integrating geriatrics with primary care.”

Rep. Jim Langevin of Rhode Island has worked on caregiving accessibility and stem cell research.

“So, it is really a privilege for me to join you today, especially as we kick off National Family Caregiver Awareness Month, something that is dear to my heart and that I spend quite a bit of time focusing on and trying to promote. As someone who lives with a disability, I have a unique appreciation for the challenges that people with disabilities live with but also for the personal challenges that family caregivers themselves face on a daily basis. … These caregivers in so many ways are our nation’s silent heroes and don’t get the attention or recognition that they really do deserve. They provide family stability and help those with chronic and disabling conditions avoid very costly out of home placements, which can be very expensive and are not necessarily the best in terms of outcome. … But these caregivers...
quite frankly need additional support themselves, such as relief from the physical and emotional responsibility of caring for a person with a chronic illness or a disability. … So, to that point, that’s why I’ve reintroduced the Lifespan Respite Care Reauthorization Act. … I am grateful to have experienced this type of compassion in my own life and I’m going to continue to fight for these hidden heroes here in Washington.”


“Family caregivers, as we all know, are saints. In 1996, my mother was diagnosed with brain cancer, along with early signs of Alzheimer’s disease, and lived with my family, my wife Marie, and our four children for almost a year. Despite having broken hearts over her ordeal, brain surgery and a long recuperation, and mental confusion, we absolutely cherished her living with us. My wife Marie, the primary caregiver, was a saint, is a saint today, but was a saint during this crisis. Nothing was too much for Marie, including 24/7 monitoring. We had a child monitor hooked up to our room and hers, and we had one ear to it, just like you do with a newborn, to make sure if something happens, we’re down into her room to try to mitigate a problem. … We had to ensure that she took her medicines in a timely fashion, and in the right amounts. We reassured her: ‘Mom, you are not a burden. We love you, and there is no other place on earth we would want you to be than with us.’ We had many sleepless nights. … When she went to a hospice later on, my wife, brothers, and I were with her around the clock. … My mother’s extraordinary faith, her love, her goodness, her empathy for others, and her courage during this ordeal continues to inspire my family and me to this day.”

Rep. Debbie Dingell of Michigan is a member of the ACT Caucus, and the Congressional Task Force on Seniors. Her husband, John Dingell, served in the House for sixty years and has been ill.

“I want to thank everybody who’s sponsoring this briefing because I think this is one of the most fundamental conversations that we need to have in this country. So, it began an odyssey that has been my last three-year odyssey and I was determined that man was not going to die that weekend. Now, I’m lucky. John is doing okay, as you can tell from his twittering. He’s twittering away, but his mobility isn’t there. I can’t leave him overnight. … A lot of people don’t need to have full-time help. They need a helping hand. They need to have someone help them with just the getting dressed, meals, the grocery shopping, taking medicines. Too many people are having to choose between their insulin and eating. We’ve got a broken healthcare system that disproportionately falls on women. So, women are leaving the workforce when caregiving takes precedence. Their income becomes less. Their retirement’s less. Their social security is less. We need to take a look at the entire program and figure out what we’re doing for long term care. … We have a crisis in this country and ignoring it isn’t going to make it go away. It’s going to get worse. It’s about our soul, heart, and conscience as a nation. So, thank you for being here. You’re an important part of the dialog.”

Rep. Jackie Rosen of Nevada cared for both her in-laws and her own parents.

“What I really want to say is mostly from my heart, because what you are all doing is so important. … I quit my job, had a rising teenager and four aging parents. It was a great blessing to have them around when my daughter was young, but they all got ill at the same time. Four people, four journeys, one me. … It’s hard no matter how smart you are, no matter how much schooling you have. My husband’s a physician; I’m a computer analyst. Sometimes you can’t navigate the waters of assisted living, rehab, nursing homes, skilled care, Social Security, Medicare, pensions. What I most want to say is that we need to keep speaking out for the most vulnerable. You’re vulnerable at a few times in your life, when you’re the youngest and you don’t have a voice or an advocate, and sometimes no matter what you’ve done for a career, no matter how great you are, or how smart you were, sometimes disease and aging can take all that away. Again, you become vulnerable. Both sides of the coin need a Jackie Rosen, but more importantly they need all of you.”

We have much work to do in the months and years ahead and GSA’s public policy team looks forward to working with you and our friends in Congress to keep the solutions in the public eye.

**Recent GSA Policy Actions**

GSA supported statements from the Leadership Council of Aging Organizations (LCAO) chair responding to the House and Senate tax proposals. The letters addressed the impact on older adults if the reforms under consideration were to pass. It is projected that the tax reform will increase the federal budget deficit by $1.5 trillion and it includes $473 billion in cuts to Medicare, approximately $1 trillion in cuts to Medicaid, and $800 billion in cuts to “non-defense discretionary” programs like the Older American Act. These planned cuts were confirmed in recent Roll Call interviews with several House members, including Budget Committee members, who all anticipated that enacting such cuts would be a priority next year. Copies of the letters can be viewed at lcao.org.

GSA submitted comments on the 2018-2022 Draft Strategic Plan for the Department of Health and Human Services (HHS). Every four years, HHS updates its Strategic Plan, which describes its work to address complex, multifaceted, and evolving health and human services issues. GSA focused comments on several objectives highlighting GSA’s work on the KAER toolkit; the efforts of the National Adult Vaccine Program; and the recently published Public Policy and Aging Report titled “The Need for and the Needs of the Direct Care Workforce.”
Continued from page 1 – New GSA President Shares Vision for Year Ahead

The enormous upsurge in people with dementia and with frailty, and the implications for care and investigational effort;

The effect of climate change on well-being;

Federal funding for our research infrastructure so as to strengthen current and upcoming cadres of talented investigators;

Health inequalities and growing uncertainty about future insurance coverage under Medicare, Medicaid, and the Affordable Care Act.

On the upside, our science is advancing, say the chairs, and our work is always enriched when we can cross the boundaries of our individual disciplines. And so we need to be more in the public arena to convey how close we are to greater progress in extending the human healthspan.

Our 2018 Annual Scientific Meeting in Boston will have as its theme: “The Purposes of Longer Lives.” Keynote speakers at the San Francisco meeting talked about society gaining an eighth day of the week and a longevity dividend. In that vein, the 2018 theme also reaches back to echo the question of Robert Butler’s seminal 1975 book, “Why Survive?” Deeper still is continuity with the very first issue of GSA’s Journal of Gerontology in 1946 that camebannered with the slogan: “To add life to years, not just years to life.”

Why indeed longer lives? What for? The meeting theme invites your meditation on these questions. More time is a personal affordance for every sort of human activity, aspiration, emotion, and tie. Bring to Boston your ideas about that. Beyond the personal, are there communal or social benefits from longer lives? Do extended lives gain us particular scientific insights or advances? What do longer lives mean for our humanity? Bring to Boston your best reflections about all of that.

Abstract submissions open on February 1 and program planning is well along. We have already invited as our keynote speaker the historian Henry Louis Gates Jr. Boston itself will be an outstanding location, well along. We have already invited as our keynote speaker the historian Henry Louis Gates Jr. Boston itself will be an outstanding location, having academic programs and medical centers with strong records in gerontology and geriatrics, along with a large pool of local scholars and scientists to draw on. We are looking forward to increased international attendance as a result of GSA’s ongoing outreach activities. The program committee, co-chaired this year by Mercedes Bern-Klug and Sara Moorman, welcomes your suggestions toward making the annual meeting an experience that will be well worth your time.

Yet another feature of the coming year will be a consultant’s report on GSA’s organizational structure. A few years ago we opened this question in order to determine the Society’s effectiveness in promoting interdisciplinary scholarship, serving an increasing international membership, supporting emerging scholars, and responding to the needs of our growing number of interest groups and other entities. Expect to hear more about this in the months ahead and participate in conversations about our best path forward.

At my university, Richard Schiefelbusch, now nearly a centenarian, has been the great lion of human development research. For generations of students and colleagues, Dick has been the embodiment of optimism and possibility. And when Dick gets you aside, he has been known to say, “You know, this next year could well be the best year of your life.”

Now that would be purpose enough.

David J. Ekerdt, PhD, FGSA, is professor of sociology and formerly director of the Gerontology Center at the University of Kansas. He had previous positions at the university’s Medical Center, at the Boston VA Normative Aging Study, at Boston University School of Medicine, and at Harvard School of Dental Medicine. His funded studies of work and retirement, aging and material culture, and behavioral expectations for later life have resulted in 100+ articles, chapters, reviews, editorials, and edited books. He was editor-in-chief of the four-volume Macmillan Encyclopedia of Aging. Ekerdt has been a GSA member since 1975 and a fellow since 1988. He served as editor of the Journal of Gerontology: Social Sciences; as member and chair of GSA’s Publications Committee; and on task forces exploring electronic and contract publishing. He has been chair of the Behavioral and Social Sciences (BSS) Section, plus other committee service for BSS. He recently led efforts to revise GSA’s sets of bylaws, and was part of a working group regarding future options for GSA governance. He has chaired the Aging and Life Course Section of the American Sociological Association. At the American Society on Aging, he has been member and chair of the Generations Editorial Board.

AARP Survey Reveals Emotions Among Caregivers, Care Recipients

A new report, “AARP Family Caregiving Survey: Caregivers’ Reflections on Changing Roles,” shows that positive emotions far outweigh negative emotions for both family caregivers and care recipients. Family caregivers reported more positive emotions despite half feeling stressed or worried and care recipients report more positive emotions despite six out of 10 feeling less independent. The survey also found that family caregivers who felt more prepared to take on their role were more likely to report positive emotions than negative. Visit www.aarp.org/2017roleschangesurvey to read the full report.

New ESPO Webinar Focuses on Public Policy

“Aligning your Scientific Inquiry with Public Policy: Recommendations from Experts in Policy and Aging” is the eighth entry in GSA’s ESPO Professional Development Webinar Series. It is now archived online at www.geron.org/webinar. Given the projected growth of the older population in the U.S., researchers and clinicians are tasked to explore ways to promote the health and well-being of older adults through policy. This new webinar provides best practices in aligning your work with the public policy arena. It is presented by Gretchen Alkema, PhD, LCSW, FGSA; Brian Kaskie, PhD, MPH; and Brian W. Lindberg, MMHS.
Continued from page 1 – GSA’s Voice Now Prominent in National Vaccine Dialog

GSA member Stefan Gravenstein, MD, MPH, who serves on GSA’s NAVP workgroup, was an author on the new “Aging and Immunity” guidebook. “These publications explore the complexity of disease in older adults and the true benefit of vaccines,” Gravenstein said. “Disease is not linear — a single event to be prevented by vaccination; rather, it causes a host of complications that can lead to a much better appreciation of the impact of vaccines for older adults.”

On November 7, GSA welcomed congressional staffers and representatives from aging-focused organizations to Capitol Hill for a briefing titled “Adult Immunization: Successful Programs Leading the Way to Higher Rates.”

The program showcased primary care providers who are overcoming barriers and making substantial improvements in vaccine rates in their communities. Featured speakers spoke about creating a culture of improvement in a health system; partnering with groups like pharmacists and giving them access to the immunization registry; and working with state policies to provide as much access and remove as many financial barriers as possible. GlaxoSmithKline provided in-kind support for this event.

Representative Larry Bucshon, MD (R-IN) also made an appearance at the briefing to share news of a bipartisan bill (H.R. 4297) he introduced to increase older adults’ access to the shingles vaccine. GSA, among other organizations, supports this legislation. As science evolves to present even more effective vaccines for older adults, GSA is proud to be a prominent player in improving uptake and implementation of those vaccines. GSA members can look to the December issue of the NAVP E-Newsletter for further information on new shingles vaccine recommendations from the Advisory Committee on Immunization Practices.

Following a grueling nine months of work, your manuscript is accepted to a relatively high impact, scientific, peer-reviewed journal. As a researcher, you have been trained to review the literature, hypothesize, analyze, and report your findings. But now, what and so what? Too often, a gap exists between research and practice, and significant findings make it no further than subsequent journal citations. While citations are good, how do you ensure your work gets into the hands of practitioners/policymakers who have the ability and are willing to implement it? Identification of your target audience should consist of identifying 1) the group(s) which may benefit from the knowledge set forth in your findings and 2) the impact your findings will have on the research community within your area of interest. To new or emerging scholars, this may seem like a daunting task. However, with some preparation and careful planning, your research can have an impact.

Ideally, you will have given some thought to your audience before you reach the publication phase. In general, most research questions are geared toward building upon prior work in the field, developing new methodology, or determining the efficacy of an intervention. Regardless of the focus of your work, understanding the target audience should guide your research question development, hone your analysis, and ultimately frame the results and discussion section of your manuscript.

Networking with scholars familiar with your area of research is always a good place to start. Fortunately, as ESPO members, there are a lot of opportunities available to you within GSA to “rub elbows” with established researchers. Even if your study is basic research and provides a foundation or establishes a relationship that was not known before, it can be of benefit. Through networking with researchers familiar with your topic, you may obtain helpful feedback on your existing research, development your next study, and possibly find collaborators to work with. Either way, making sure that other scholars who share your interests are aware of your work can only benefit you.

Another option for getting your research disseminated is to become more involved with GSA and other organizations (e.g., American Psychological Association, Academy Health, and American Healthcare Association) that focus on your interest area. Presenting at scientific research meetings is obviously a great way to highlight your research. However, advocacy groups and trade organizations may also benefit from your area of expertise. For example, individuals who conduct research on nursing home leadership may benefit from joining and attending meetings of the American College of Health Care Administrators. This type of involvement not only provides a path to share your research but also to gain knowledge. Nursing home administrators have firsthand experience with the inner workings of a facility and will likely be able to provide important contextual knowledge you would be incapable of gaining from running statistical models. Thinking outside of the box on who may benefit (aside from other researchers) will move your work to the forefront.

Most importantly, you must be patient and tenacious. In some disciplines, such as clinical practice, it may take a decade or more for significant findings to meander into practice. However, given the broad and interdisciplinary nature of gerontology, there is a plethora of opportunities for presenting, publishing and disseminating your research so it can be impactful. Now more than ever, in the current digital age, the prospects for exposure of your work are endless. As my dear friend Dr. Lindsay Peterson pointed out to me, along with this freedom comes additional responsibility for all of us as individual researchers to proactively and persistently market our research. As they say, the buck stops here.

The latest information from GSA’s student section, the Emerging Scholar and Professional Organization

Chair: Shoshana H. “Shani” Bardach, PhD
Chair-Elect: Jamie N. Justice, PhD
Past Chair: Kristen E. Porter, PhD, MS, MAc, LAc, JP
Secretary: Heidi S. Moyer, PT, DPT
Communications Chair: Allyson T. Brothers, PhD
Past Communications Chair: Salom Teshale, PhD

Translating Research into Policy/Practice
By Kelly M. Smith

Following a grueling nine months of work, your manuscript is accepted to a relatively high impact, scientific, peer-reviewed journal. As a researcher, you have been trained to review the literature, hypothesize, analyze, and report your findings. But now, what and so what? Too often, a gap exists between research and practice, and significant findings make it no further than subsequent journal citations. While citations are good, how do you ensure your work gets into the hands of practitioners/policymakers who have the ability and are willing to implement it? Identification of your target audience should consist of identifying 1) the group(s) which may benefit from the knowledge set forth in your findings and 2) the impact your findings will have on the research community within your area of interest. To new or emerging scholars, this may seem like a daunting task. However, with some preparation and careful planning, your research can have an impact.

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Another option for getting your research disseminated is to become more involved with GSA and other organizations (e.g., American Psychological Association, Academy Health, and American Healthcare Association) that focus on your interest area. Presenting at scientific research meetings is obviously a great way to highlight your research. However, advocacy groups and trade organizations may also benefit from your area of expertise. For example, individuals who conduct research on nursing home leadership may benefit from joining and attending meetings of the American College of Health Care Administrators. This type of involvement not only provides a path to share your research but also to gain knowledge. Nursing home administrators have firsthand experience with the inner workings of a facility and will likely be able to provide important contextual knowledge you would be incapable of gaining from running statistical models. Thinking outside of the box on who may benefit (aside from other researchers) will move your work to the forefront.

Most importantly, you must be patient and tenacious. In some disciplines, such as clinical practice, it may take a decade or more for significant findings to meander into practice. However, given the broad and interdisciplinary nature of gerontology, there is a plethora of opportunities for presenting, publishing and disseminating your research so it can be impactful. Now more than ever, in the current digital age, the prospects for exposure of your work are endless. As my dear friend Dr. Lindsay Peterson pointed out to me, along with this freedom comes additional responsibility for all of us as individual researchers to proactively and persistently market our research. As they say, the buck stops here.

The latest information from GSA’s student section, the Emerging Scholar and Professional Organization

Chair: Shoshana H. “Shani” Bardach, PhD
Chair-Elect: Jamie N. Justice, PhD
Past Chair: Kristen E. Porter, PhD, MS, MAc, LAc, JP
Secretary: Heidi S. Moyer, PT, DPT
Communications Chair: Allyson T. Brothers, PhD
Past Communications Chair: Salom Teshale, PhD

Translating Research into Policy/Practice
By Kelly M. Smith

Following a grueling nine months of work, your manuscript is accepted to a relatively high impact, scientific, peer-reviewed journal. As a researcher, you have been trained to review the literature, hypothesize, analyze, and report your findings. But now, what and so what? Too often, a gap exists between research and practice, and significant findings make it no further than subsequent journal citations. While citations are good, how do you ensure your work gets into the hands of practitioners/policymakers who have the ability and are willing to implement it? Identification of your target audience should consist of identifying 1) the group(s) which may benefit from the knowledge set forth in your findings and 2) the impact your findings will have on the research community within your area of interest. To new or emerging scholars, this may seem like a daunting task. However, with some preparation and careful planning, your research can have an impact.

Ideally, you will have given some thought to your audience before you reach the publication phase. In general, most research questions are geared toward building upon prior work in the field, developing new methodology, or determining the efficacy of an intervention. Regardless of the focus of your work, understanding the target audience should guide your research question development, hone your analysis, and ultimately frame the results and discussion section of your manuscript.

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Call for 2018 Award Submissions

CAREER AWARDS

Nominations for these awards opened on December 1, 2017, must be submitted by March 31, 2018. Self-nominations are not accepted.

SOCIETY-WIDE

Donald P. Kent Award
This award is given annually to a GSA member who best exemplifies the highest standards for professional leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society.

Robert W. Kleemeier Award
This award is given annually to a GSA member in recognition for outstanding research in the field of gerontology.

Margret M. and Paul B. Baltes Foundation Award
This award acknowledges outstanding early career contributions in behavioral and social gerontology.

M. Powell Lawton Award
This award honors contributions from applied gerontological research that have benefited older people and their care.

Maxwell A. Pollack Award for Productive Aging
This award recognizes instances of practice informed by research and analysis, research that directly improved policy or practice, and distinction in bridging the worlds of research and practice.

Minority Issues in Gerontology Committee Outstanding Mentorship Award
This award recognizes outstanding commitment and dedication to mentoring minority researchers in the field of aging.

Doris Schwartz Gerontological Nursing Research Award
This award is presented to a GSA member who has a record of outstanding and sustained contribution to geriatric nursing research.

BEHAVIORAL AND SOCIAL SCIENCES (BSS) SECTION

Distinguished Career Contribution to Gerontology Award
This award recognizes career contributions that have articulated a novel theoretical or methodological perspective or synthesis that addresses a significant problem in the literature.

Distinguished Mentorship in Gerontology Award
This award is given to an individual who has fostered excellence in, and had a major impact on, the field by virtue of their mentoring, and whose inspiration is sought by students and colleagues.

Richard Kalish Innovative Publication Award
This award recognizes insightful and innovative publications on aging and life course development in the behavioral and social sciences in two categories: (1) The Book Category and (2) The Article Category.

BIOLOGICAL SCIENCES (BS) SECTION

Nathan Shock New Investigator Award
This award recognizes innovative and influential publications. It acknowledges outstanding contributions to new knowledge about aging through basic biological research.

HEALTH SCIENCES (HS) SECTION

Joseph T. Freeman Award
This award is given for lectureship in geriatrics to a prominent physician in the field of aging, both in research and practice.

Excellence in Rehabilitation of Aging Persons Award
This award is designed to acknowledge outstanding contributions in the field of rehabilitation of aging persons.

SOCIAL RESEARCH, POLICY, AND PRACTICE (SRPP) SECTION

Elaine M. Brody SRPP Thought Leader Award
This award acknowledges outstanding career contributions in social research, policy, and practice.

Carroll L. Estes SRPP Rising Star Award
This award acknowledges outstanding early career contributions in social research, policy, and practice.
The Gerontological Society of America recognizes outstanding individuals through a variety of awards. For a full description of nomination requirements, how to nominate, and the list of past awardees, visit www.geron.org/membership/awards or e-mail awards@geron.org.

PAPER & POSTER AWARDS

Applicants for these awards must also have an abstract accepted for GSA’s Annual Scientific Meeting. The deadline to submit an abstract is March 15. Applications for these awards must be submitted by September 7, 2018. Visit www.geron.org/abstracts for details.

SOCIETY-WIDE

Senior Service America Awards for Research Related to Disadvantaged Older Adults
These awards, sponsored by Senior Service America, Inc., acknowledge outstanding applied research that advances understanding of disadvantaged older adults. There are two levels: (1) **The Senior Scholar Level** is given to a GSA member at least with five years after receiving a terminal graduate degree; and (2) **The Junior Scholar Level**, is given to a GSA member within five years of receiving a terminal graduate degree.

BEHAVIORAL AND SOCIAL SCIENCES (BSS) SECTION

Student Research Awards
These awards are given for completed empirical studies dealing with a topic of relevance to GSA’s BSS Section. There are two levels: (1) **The Dissertation Level**, is for an exemplary paper by a student member who received a doctorate no more than 18 months before the submission deadline; and (2) **The Pre-Dissertation Level**, is for an exemplary paper by a student member who has yet to attain a doctoral degree.

BIOLOGICAL SCIENCES (BS) SECTION

George Sacher Student Award
This award is given to the best student presentation by a GSA member from the BS Section at the Annual Scientific Meeting.

HEALTH SCIENCES (HS) SECTION

The Austin Bloch Post-Doctoral Fellow Award
This award is designed to encourage research and to foster interest among students in the HS Section to play an active role in the Annual Scientific Meeting.

Research Award
This award is given to a new investigator in the HS Section. It is designed to encourage postdoctoral research and encourage participation in the Annual Scientific Meeting.

Person-in-Training Award
This award is given for an exemplary paper written by a student member of the HS Section.

SOCIAL RESEARCH, POLICY, AND PRACTICE (SRPP) SECTION

Outstanding Student Poster Award
This award is given for an exemplary poster by a student member (graduate or undergraduate) for excellence in research as reflected in an outstanding poster presentation.

EMERGING SCHOLAR AND PROFESSIONAL ORGANIZATION (ESPO)

Interdisciplinary Paper Award
This award is given for the best interdisciplinary empirical or theoretical research paper on an aging-related topic.

Poster Award
ESPO offers five awards for exemplary posters.

Douglas Holmes Emerging Scholar Paper Award
This award solicits original papers that exhibit outstanding research in improving social services for the elderly in long-term care.

Minority Issues in Gerontology Committee Student Poster Award
This poster award recognizes minority ESPO members of GSA for innovative and demonstrated research focusing on issues surrounding diverse racial and ethnic population groups (Blacks, Hispanic/Latinos, Asian/Pacific Islander, Native Americans).
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*Application deadline is February 1st.

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Federal Funds Slated for Proteostasis Research

The National Institute on Aging (NIA) is soliciting research projects that would advance the understanding of how protein homeostasis (proteostasis) in peripheral tissues affects brain aging, leading to the development of Alzheimer’s Disease (AD). The NIA states that much research on AD has focused on the accumulation of aberrant protein aggregates in the brain, and in particular amyloid and tau. Formation of aggregates due to mutations encoded in the APP gene or due to hyperphosphorylation, respectively, have been linked to familial AD. The etiology of the more common, sporadic form of AD, is less certain, although aging is considered a major risk for development of the disease. It is known that proteostasis is less efficiently maintained in all tissues with aging, and this may indicate a link between proteostasis in the periphery and the appearance of aging-related diseases and conditions, including the decline in cognitive function, as well as dementia and AD. Therefore, testing for a role of aging-related loss of peripheral proteostasis in the development of AD is the focus of this funding opportunity announcements. Applications are due February 9, 2018. All details can be read at bit.ly/2AYnoop.

NIA to Support Central Neural Control Studies on Mobility

A new funding opportunity announcement from the National Institute on Aging is encouraging research that investigates the central neural control of mobility in older adults without overt neurological diseases using innovative and cutting-edge methods that are emerging in neuroscience, geriatrics, and mobility-related fields in aging research communities. This announcement also seeks information on the degree of plasticity in the aging brain and how this may be harnessed to maintain or improve mobility. Applicants are highly encouraged to adapt a multidisciplinary and collaborative approach that includes basic, clinical, and translational scientists. Mobility impairments are common in aging and are associated with a host of adverse events including disability and mortality. Identifying novel modifiable predictors of mobility decline may lead to mechanistic insights and the development of novel therapeutic interventions to enhance mobility as a person ages. Applications are due February 21, 2018. Visit bit.ly/2B5DC01 for more details.
REGISTER TODAY

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and
EDUCATIONAL LEADERSHIP CONFERENCE

MARCH 1-4, 2018 | ATLANTA, GEORGIA

OPENING PLENARY SESSION
Transforming the Business of Aging through
Training, Education, and Skills Development

As the Global Silver Economy grows to over $15 trillion, an “aging strategy” that leverages market opportunities presented by today’s rapidly aging societies is key to business success. Global Coalition on Aging (GCOA) Chief Executive Officer, Michael Hodin, offers insight for winning business strategies that create flexible career models and support older adults in today’s quickly aging societies. Through training and education in school or online, companies can gain competitive advantage, add value to society, and effectively navigate the Silver Economy. We are just at the beginning of what can be a positive relationship between aging and economic growth.

Lois Reitzes, the longest-running voice on Atlanta radio, will add her distinctive voice as host of the Opening Plenary Session.

2018 AGHE
THE GLOBAL BUSINESS of AGING

Register at aghe.org/register
AGHE Welcomes Early Bird Meeting Registrants

AGHE’s 44th Annual Meeting and Educational Leadership Conference will convene in Atlanta, Georgia, from March 1 to 4, 2018. The theme is “The Global Business of Aging.” Researchers and policy analysts recognize that the increasing numbers of older adults have high economic value as contributors to the global economy. The extension of healthy life by 30+ years requires reframing the perception of older adults in purposeful activities. As educators in gerontology and geriatrics, there is an important role to play by creating an environment that supports innovation in degree programs, certificates, and work force training. The AGHE early bird registration rate is available until January 18, 2018. Register now at aghe.org/events/annual-meeting/registration to get your first pick of pre-conference workshops, networking events and hotel reservations. Visit aghe.org/am to learn more about the conference, program highlights, registration, and exhibiting and advertising.

New Accrediting Body Established

The recently launched Accreditation for Gerontology Education Council (AGEC) is the first accrediting body for the field of gerontology. AGEC is a 501(c)(3) organization that collaborates with, but is independent of, GSA and its educational unit, the Association for Gerontology in Higher Education (AGHE). A diverse nine-member Board of Governors oversees the new body. AGEC will specifically accredit degree-granting programs in gerontology at the associate, baccalaureate, and master’s levels. Accreditation of gerontology programs is expected to promote professional credibility, expand employment opportunities for graduates, enhance institutional resources, and assure academic program excellence. “The time for gerontology accreditation has arrived,” inaugural President Harvey Sterns, PhD, FGSA, said. “Our field is ready. Our programs are ready. Our students are ready. The promise of accreditation will assist in propelling the quality of gerontology, and career opportunities for our graduates forward.” AGHE’s Standards and Guidelines for Gerontology and Geriatrics Programs, 6th edition (2015), and Gerontology Competencies for Undergraduate and Graduate Education (2014) inform AGEC’s accreditation standards. AGEC’s mission is to serve societies, national and global, by establishing and applying standards that assure quality and continuous improvement in the preparation of gerontologists reflecting the evolving nature of higher education, research, and practice.

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 National 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. Candidates from underrepresented groups are encouraged to apply. US citizenship or permanent residence is required.


Deadline for Application Submissions is January 26, 2018

TRIPLL webinar series is a web based training resource for health professionals, researchers, and others with interest (or working) in the aging field.

Please visit our website at www.tripll.org for more information or contact Jacquie Howard at jah3011@med.cornell.edu

Cornell University’s Edward R. Roybal Center presents:

Innovations in the Management of Later-Life Pain

A Free Monthly Webinar Series

Jan. 29, 2018 | 1pm-2pm EST
Presenter: M. Carrington (Cary) Reid, MD, PhD, Weill Cornell Medicine
Developing the Next Generation of Non-Pharmacologic Approaches to Pain Management in Older Adults

Feb. 26, 2018 | 1pm-2pm EST
Presenter: Kelli Allen, PhD, UNC School of Medicine
Practical Behavioral Interventions for Older Adults with Chronic Musculoskeletal Conditions

March 26, 2018 | 1pm-2pm EST
Presenter: Dimitris Kiosses, PhD, Weill Cornell Medicine
PATH-Pain: A Behavioral Intervention For Older Adults With Negative Emotions And Chronic Pain In Primary Care

April 30, 2018 | 1pm-2pm EST
Presenter: Una Makris, MD, UT Southwestern Medical Center
Developing, Refining, and Evaluating a Behavioral Intervention that Targets Comorbid Chronic Back Pain and Depression in Older Adults

May 14, 2018 | 1pm-2pm EST
Presenter: Mary Janevic, PhD, MPH, University of Michigan
A Technology-Assisted Chronic Pain Self-Management Intervention for Older Adults in a Low-income, Urban Setting

June 26, 2018 | 1pm-2p EST
Presenter: Julie Wetherell, PhD, University of California at San Diego
Acceptance and Commitment Therapy for Chronic Pain in Older Adults

The TRIPLL webinar series is a web based training resource for health professionals, researchers, and others with interest (or working) in the aging field.
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NOV 14-18, 2018 | BOSTON

ABSTRACT SUBMISSIONS OPEN DECEMBER 15, 2017

OPENING KEYNOTE SPEAKER

DR. HENRY LOUIS GATES, JR.
Emmy Award Winning Filmmaker, Cultural Critic & Journalist

Henry Louis Gates, Jr. is the Alphonse Fletcher University Professor and Director of the Hutchins Center for African and African American Research at Harvard University. Emmy Award-winning filmmaker, literary scholar, journalist, cultural critic and institution builder, Professor Gates has authored seventeen books and created fourteen documentary films. Host of the popular show “Finding Your Roots,” Professor Gates is one of the United States’ most influential cultural critics and is both an eloquent commentator and formidable intellectual force on multicultural and African American issues.
Stem Cell Special Issue Submissions Due Soon
A call for papers has been issued for an upcoming special issue of The Journals of Gerontology Series A: Biological Sciences and Medical Sciences: “Biology and Clinical Relevance of Age Related Changes in Stem Cells,” with submissions due January 15, 2018. The full call for papers can be viewed at academic.oup.com/gsa.

Series A Now Offers Rapid Publication
The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences has adopted a rapid publication model. This enables authors to publish papers online soon after they have been accepted for publication and well ahead of their appearance in the printed journal, thus greatly reducing publication times. A PDF of an accepted paper will be placed on advance access with the label “accepted manuscript.” After copyediting and typesetting, the author is given the opportunity to view their paper one final time before publication. Once the typeset version is approved, the “accepted manuscript” label with be replaced with the “corrected proof” label. Advance access versions of papers that have been incorporated into issues will continue to be available online via the journal's online system. Abstracts and titles are searchable and accessible within the journal’s web pages, the entire HighWire archive, and PubMed. Appearance in advance access constitutes publication and establishes publication precedence. The official publication date appears beneath the title of each article just before its digital object identifier. Additional information about how the new rapid publications model works can be found at bit.ly/2xk96hs.

Series B Increases Issue Count
Beginning in 2018, The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences will increase its frequency of publication from six to eight issues. With the new publishing schedule, authors will experience a reduced average time for their papers to appear in print following advance access online publication, and readers will enjoy more frequent appearance of new content.

The Gerontologist Welcomes Review Article Editor
Given the critical importance of evidence synthesis in the advancement of gerontological research and the substantial variety in the review methods that The Gerontologist has received, the Literature Review section has been subsumed into a new section of the journal called Review Article. In addition to the change to the section name, The Gerontologist has appointed Patricia C. Heyn, PhD, FGSA, FACRM, as associate editor, review articles, to join the journal’s leadership team. Heyn is an associate professor in the Department of Physical Medicine and Rehabilitation at University of Colorado Denver Anschutz Medical Campus. With extensive expertise in research synthesis methodology, she has been actively involved in the advancement of evidence-based methods standards and guidelines for synthesis, critical appraisal, and review procedures. Heyn has already begun her efforts to revamped the new Review Article section by revising the description of the section to form a clearer set of guidelines for review article submissions. Please refer to the author guidelines (geron.org/thegerontologist) to learn more about the new Review Article section.

Postdoctoral Fellowship at the University of Wisconsin-Madison
The Center for Demography of Health and Aging (CDHA) at the University of Wisconsin-Madison invites applications for a postdoctoral fellowship in the demography of aging and the life course, funded by the National Institute on Aging. Recent PhDs in sociology, economics, population health sciences, epidemiology and public health are invited to apply for this fellowship.

To apply, please send curriculum vitae, a short description of a research project to be conducted at the Center, three letters of recommendation, and copies of publications to:
James Raymo, Training Director, Center for Demography of Health and Aging, University of Wisconsin-Madison
1180 Observatory Drive, Madison, Wisconsin 53706-1393
Inquiries by e-mail to jraymo@ssc.wisc.edu
The deadline for submitting applications is February 15, 2018 or until the position is filled.
Announcement for this position is at http://www.ssc.wisc.edu/cdha/docs/Post-DocPositionCDHA09-01-2018.pdf

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- Clinical or Other Practice
- Public Service
- Public Policy

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December 1
Nominations Open

February 15
Nominations Deadline