Report Identifies Three Dimensions to Lifelong “Longevity Fitness”

Perseverance and attention to social connections, health, and finances will give people the best chance to thrive as they age, according to a new report titled “Longevity Fitness: Financial and Health Dimensions Across the Life Course.” It also says that policymakers, employers, and individuals can take actions now to give people the best chance of maintaining their longevity fitness as older adults.

Accessible at www.geron.org/longevity, the publication was developed by GSA and supported by Bank of America. It uses the term longevity fitness to describe how people can thrive, not just survive, through social, health, and wealth equity.

Across the world, more people are living longer. But “whether the extra years will be good ones — and whether societies and economies will benefit as a result — depends on the actions we take now,” states an editorial in a new supplemental issue of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences from GSA.

This issue, titled “Healthy Longevity 2019,” was supported by AARP. It contains 11 articles that examine enablers of healthy longevity as well as the accompanying opportunities and challenges.

“Today’s boomers, in their 50s–70s, and members of generation X, in their 40s–50s, are at critical stages of their lives in determining their health spans,” wrote guest editors Thomas T. Perls, MD, FGSA, and Erwin J. Tan, MD. “A societal embracing of a paradigm shift — the understanding that as the potential for longevity increases, so does the importance of health-related behaviors at all ages (including middle and older ages) — could extend health span and make aging an opportunity rather than an adversity.”

The lead article is an editorial titled “Creating a Global Roadmap for Healthy Longevity,” by National Academy of Medicine (NAM) President Victor J. Dzau, MD, and AARP CEO Jo Ann C. Jenkins, BS.

They discuss NAM’s recent launch of The Global Roadmap for Healthy Longevity

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Experts Call for Effort to Ensure Health Spans Match Life Spans

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From the CEO

Holiday Cheer Amplified by Year-Round Member Commitment

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

It’s a big undertaking to name every single person I’m thankful for this holiday season, because the number is in the thousands. That’s the scope of how many members were actively engaged in making a difference at GSA this year.

We’re just coming off a successful Annual Scientific Meeting in Austin, Texas, and I got the chance to thank many members individually. But these individuals were just the tip of the proverbial iceberg in terms of the committed members who made GSA successful in 2019.

The year started off with the opportunity for members to make their voices heard regarding the future of GSA’s governance. After several years of planning by the Society’s volunteer leaders, we asked the membership to vote on modernizing our governance structure. The ballots cast were overwhelmingly in support of this initiative, which we called “2020 Vision for Growth and Impact,” and our articles of incorporation and bylaws were updated as a result.

GSA has now enabled an increase in member service opportunities for professional growth; greater interdisciplinary networking; and a stronger Society through an enhanced board structure. I’m gratified that members see the recent changes as a reason to be engaged with the Society.

The Society will now be governed by a Board of Directors and I’m grateful for the commitment of their time to the Society. Additionally, our section officers — specifically our chairs, vice-chairs, and past chairs — have agreed to continue in their roles for an additional year in order to ensure proper alignment of roles and titles as we transition to the new structure.

Throughout the year, members also provided essential continuity to our flagship products, GSA’s multiple journals. In addition to the service of our committed editors and editorial board members, approximately 2,000 individuals served as peer reviewers for article submissions. And our authors deserve the highest recognition. The combined efforts of all who contribute to our journals again led us to claim three of the top five spots in the Social Sciences Citation Index’s Gerontology category, which ranks impact factors of such publications.

In the run-up to the Annual Scientific Meeting, 641 member-experts contributed to more than 9,400 reviews of abstracts. And thank you to the many presenters of sessions as well! Your new science made the Austin meeting come alive.

The membership engaged with GSA in many other ways throughout the year. Approximately two-thirds of our members belong to an interest group and about one-third read the daily digest emails generated by the GSA Connect online networking platform. And almost 350 individuals served on various GSA committees.

As we look to a new year, GSA has a 75th Anniversary Workgroup to lay the groundwork for recognizing this major Society milestone in 2020. In addition, a Strategic Planning Workgroup has been established to map out the Society’s strategy for 2021 to 2024.

The final thing we should all be thankful for is that all the opportunities I mentioned above will be available for members to take advantage of next year, too. The new structure offers more chances to be engaged professionally and scientifically by bringing your expertise to Society projects. Of note, the 2020 Annual Scientific Meeting call for abstracts opens in late January, the first step toward GSA’s next meeting in Philadelphia.

Again, thank you to all who contribute to the health of GSA as we head strongly and confidently into our 75th anniversary year. For those who haven’t taken advantage of the service opportunities that GSA offers, we’re ready to welcome you into the fold. And to everyone, accept my heartfelt wishes for a safe and happy holiday season.
In Memoriam

**Former GSA President Vern L. Bengtson, PhD, FGSA**, passed away on November 8. He was formerly a research professor of social work at the Dworak-Peck School of Social Work and Edward R. Roybal Institute on Aging at the University of Southern California. He also held the title of AARP Professor of Gerontology, University Professor Emeritus. His body of work included 19 books and over 250 research papers in gerontology, theories of aging, sociology of aging, and family sociology. Bengtson was twice granted MERIT awards for research from the National Institute on Aging. Early in his career, he started the Longitudinal Study of Generations, a multidisciplinary investigation of families, aging, and social change, which has received continuous National Institutes of Health funding over eight waves of data collection from families that the study has followed since 1971. Bengtson was a previous recipient of GSA’s Robert W. Kleemeier Award, as well as the Distinguished Mentorship in Gerontology Award and Richard Kalish Innovative Publication Award from GSA’s Behavioral and Social Sciences Section.

New Books by Members

- “Assessment and Treatment of Older Adults: A Guide for Mental Health Professionals,” by Gregory A. Hinrichsen, PhD, FGSA. Published by the American Psychological Association, 2019.

Members in the News

- Former Biological Sciences Section Chair Caleb E. Finch, PhD, FGSA, was quoted in a September 10 story titled “Environmental Factors in Gene-Environment Interactions Are Part of New Approach Proposed for Studying Alzheimer’s,” which ran in several outlets, including NBC Los Angeles, KPCC-FM, and Telemundo.
- Former GSA President Terry Fulmer, PhD, RN, FAAN, FGSA, authored an article for Next Avenue on September 23 titled “I Forgot — And Maybe That’s Okay.”
- On September 25, Forbes published an interview with Public Policy & Aging Report Editor-in-Chief Brian Kaskie, PhD, titled “Insights on Cannabis, Attitudes and Opioid Use From Dr. Brian Kaskie and the Cannabis and Older Persons Study.”
- S. Jay Olshansky, PhD, FGSA, was featured in a September 25 NPR story titled “What If Aging Wasn’t Inevitable? The Quest To Slow And Even Reverse Aging.”

Colleague Connection

This month’s $25 amazon.com gift certificate winner: **Christiane A. Hoppmann, PhD, FGSA**

The recipient, who became eligible after referring new member Elizabeth Zambrano Garza, MA, 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: **Terry Moore, MPH, FGSA**

Click on the Member Spotlight slider image at the top of www.geron.org to read the interview and ask questions.

Benton, Carstensen, Lindeman, Torres-Gil, Young Named to California Committee

Donna Benton, PhD, Laura Carstensen, PhD, FGSA, David Lindeman, PhD, FGSA, Fernando Torres-Gil, PhD, FGSA, and Heather Young, PhD, RN, FAAN, FGSA, have been appointed by California Health and Human Services Secretary Mark Ghaly to the state’s Master Plan for Aging Stakeholder Advisory Committee. In January, as part of his first State of the State Address, Governor Gavin Newsom called for a creation of a Master Plan for Aging. The Stakeholder Advisory Committee will work across sectors to develop a roadmap that envisions a future where all Californians, regardless of race, economic status or level of support, can grow old safely, with dignity and independence.

Emery Earns Who’s Who Award

Marquis Who’s Who, the world’s premier publisher of biographical profiles, has presented Virginia-Olga Beattie Emery, PhD, FGSA, with the Albert Nelson Marquis Lifetime Achievement Award. She earned this distinction based on factors such as position, noteworthy accomplishments, visibility, and prominence in the field. Emery retired as a clinical associate professor from the Geisel School of Medicine at Dartmouth College in 2017. While she taught at the college, she also held the position of a director of the Center on Aging and Health since 1989. She previously was the recipient of the IPA Original Research Award, a clinical research grant from the National Institute of Mental Health, and an award for outstanding research in dementia from New Hampshire Hospital. She has been recognized as a Frontiers of Knowledge Atlee Zellers lecturer and a Paul Jansen Medical Institute lecturer, among other honors.

Alden Takes New Architecture Post

Andrew Alden, MA, has joined the AG Architecture design team. He brings over 20 years of experience and has a diverse portfolio of award-winning older adult-focused project work. He teaches, conducts post occupancy evaluations, publishes articles, and presents at conferences. As part of the AG design team, Alden is supporting clients such as Nelson Development on an assisted living and memory care project called GreenHill Village in Cedar Falls, Iowa.

GSAConnect Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org!

- Loretta Anderson, MA, MS: I wanted to share a reply to the Alzheimer’s links sent out for this week. I highly recommend the opinion piece by Phil Gutis. Phil and his husband Tim are good friends of mine, and I met them in April 2019 through a unique Alzheimer’s educational event — a cruise! We spent a week together, along with 40 others who were either living with ADRD, their care partners, and several of us who spoke on topics related to improving quality of life for each of them. I witnessed first-hand the ups and downs they experienced throughout the week, and certainly we shared many conversations about the Biogen trial, as it had been cancelled just weeks before the cruise. That personal connection helped shape a new view for me in my research pursuits related to Alzheimer’s. (Posted in the Alzheimer’s Disease Interest Group Community.)
Chairman Frank Pallone Shaping Aging Policy in the House

After the 2018 elections, the Democrats took over the majority of the House of Representatives for the first time since the 111th Congress (2009 to 2011). The majority party chairs all of the standing committees and has a larger number of members on each committee. This gave Representative Frank Pallone Jr. (D-NJ) the opportunity to be elected by the Democrats to chair the Energy and Commerce Committee.

The committee has broad jurisdiction on many issues, including health care, mental health and substance abuse, Medicaid, health insurance, biomedical research, food, drug and device safety, parts of Medicare, and public health.

Pallone has served in the House since 1988 and during his first few terms, I had the pleasure of organizing several Select Committee on Aging field hearings for him in New Jersey. I have remained a strong supporter of his work ever since. As we approach the half-way point of the 116th Congress, I interviewed Pallone to get a sense of the accomplishments and challenges of the past year.

Brian W. Lindberg: Chairman Pallone, you have a long and distinguished history of working on aging issues going back to your days in the New Jersey legislature and on the congressional House Select Committee on Aging. How did that all come about?

Frank Pallone: After graduating from law school, I did some work for an adult protective services organization, which focused on aging issues. Seniors are especially susceptible to scams and I saw firsthand how people could easily take advantage of seniors. When I went to the State Senate, I worked to create the Office of the Public Guardian to protect seniors from fraud. I also passed legislation to protect seniors from scams when they moved into retirement communities, which were just becoming popular at that time.

Lindberg: What are some of your fondest accomplishments or moments as a Member of Congress working to provide policies and programs in support of the older population?

Pallone: I will always be incredibly proud of the Affordable Care Act [ACA] and its transformative protections including limits on age rating, bans on annual and lifetime limits, and guaranteed protections for people with pre-existing conditions. Those protections are especially important to older Americans who were often the victims of the discriminatory practices employed by insurance companies before passage of the ACA.

I’m also excited about our current legislative efforts to add new Medicare benefits to cover hearing, vision, and dental. These are clear gaps in the current benefit design that leave beneficiaries on the hook for essential care. We’ve advanced three bills out of the Energy and Commerce Committee that would add hearing, vision, and dental coverage to Medicare and I’m hopeful that we can bring the bills to the House floor for consideration soon.

Lindberg: You have a history of grappling with tough health care issues. How are you feeling about this year’s work and what may be accomplished later this year and early next?

Pallone: Making health care and prescription drugs more affordable for all Americans was one of my top priorities when I became chairman. We’ve made some great progress already this year passing legislation through the Energy and Commerce Committee and then on the House floor to lower health care and prescription drug costs for consumers. Unfortunately, many of those proposals have stalled in the Senate, where Majority Leader [Mitch] McConnell refuses to take any action. We’re not giving up though, because the American people are rightfully demanding some much-needed relief when it comes to health care and prescription drug costs.

And speaking of reducing drug costs, in September, I introduced H.R. 3, the Lower Drug Costs Now Act, that finally gives the federal government the ability to negotiate lower drug prices for consumers. We’re going to finally empower Medicare to negotiate with the prescription drug manufacturers.

Under the current system, Americans are subsidizing prescription drugs for the rest of the world — paying three, four, or even ten times more than people in other countries for the exact same drug. That’s simply unfair, which is why we need to level the playing field with the rest of the world so that Americans are no longer price-gouged at the pharmacy counter.

In addition to drug negotiation, H.R. 3 would penalize companies for unfairly increasing drug prices above inflation and caps out-of-pocket costs at $2,000 per year for Medicare Part D beneficiaries. These are meaningful improvements that would result in significant savings for American seniors. In my opinion, this is a commonsense approach that shouldn’t be partisan. Even President [Donald] Trump has expressed strong support for drug negotiation. We successfully passed this bill out of the Committee and I expect that it will come up for a vote of the full House soon.

I’m also very excited about the bipartisan work we’re doing to protect patients from surprise medical bills, which often occur in medical emergencies when patients have no ability to ensure they’re receiving care at an in-network facility. They can also occur when patients choose an in-network doctor for a scheduled surgery but
receive services from an out-of-network provider they did not know would be involved in their care.

We are working on a bipartisan solution called the No Surprises Act that will protect patients from these financially devastating bills and establish a fair payment resolution between the providers and insurers. Surprise medical billing represents a clear market failure where consumers bear the costs of a flawed system, but I’m hopeful that we’ll be able to put an end to these egregious billing practices soon and protect patients.

**Lindberg:** Individuals who are on both Medicaid and Medicare, called dual-eligible beneficiaries, are a group who could benefit from improved care coordination and integrated medical, behavioral, and social services. Do you have an approach for dually eligible enrollees and those with advanced illness?

**Pallone:** There’s tremendous opportunity for improvement with integrated care, which can improve care for beneficiaries, strengthen provider coordination, and save money. I think we’ve made some important progress here in recent years, including last year when we made Dual Eligible Special Needs Plans (D-SNPs) permanent. And the early data we’re seeing from the Financial Alignment Initiative is promising, but there’s still a lot more to be done. I don’t think this is an issue that has a one-size-fits-all solution, and what works in one state, or county, or beneficiary type, may not work for others. Fortunately, our work in this area has been bipartisan and I’m hopeful that bipartisan cooperation will continue as we look for ways to further integrate care.

**Lindberg:** You’ve been a leader in championing policy solutions to assist older adults and individuals with disabilities who depend on long-term services and supports to live and thrive independently.

**Pallone:** This is an issue that has been near and dear to my heart for years. We need to have a national conversation on improving access to long-term care. I circulated draft legislation on a long-term care proposal to kickstart the conversation on the need to establish the nation’s first ever long-term care benefit.

Under the current system, health insurance, including Medicare, only covers very limited long-term care and support for seniors and people with disabilities. Today, seniors are forced to spend nearly all of their retirement savings before they qualify for long-term care support through Medicaid. That’s unacceptable, which is why I think we need to establish a public benefit within Medicare, designed for everyone regardless of income or where they live, to help pay for long-term services and supports.

This is not going to be an easy task. However, I’m hopeful we can keep the conversation going in the upcoming months. I am determined to continue incorporating the feedback I received on my proposal so that we can hold a hearing on it next year.

**Lindberg:** Nursing home safety also continues to be an issue.

**Pallone:** I am concerned about nursing home safety and think we need better federal oversight. To be clear, a lot of nursing homes do amazing work caring for some of the most vulnerable. But some of the news reports about incidents in nursing homes have been deeply disturbing and raise a lot of questions about the adequacy of the current oversight structure.

As an example, in the wake of Hurricane Irma, there were reports in Florida that air conditioning units were not working in a rehabilitation facility. Despite efforts to bring in portable cooling units, the temperature continued to rise as residents suffered from respiratory and cardiac distress. The nursing home was eventually evacuated, but tragically fourteen residents died shortly after being evacuated.

This was heartbreaking, but what we found after looking into it further was deeply unsettling and underscored the need for better federal oversight. The facility had numerous citations including at least two that claim the facility violated federal requirements for generators and the owners also operated other facilities with a history of regulatory violations. We need to be doing a better job of enforcing quality and safety standards, but we also need to take a hard look at the current oversight structure to ensure that we’re doing everything we can to protect patients and their families.

**Lindberg:** What do you see as the pathway towards ensuring everyone has health insurance coverage — what specific steps/changes are needed first?

**Pallone:** There are a lot of exciting steps we can take to close the coverage gap as we work toward the goal of universal coverage. We can start by strengthening the Affordable Care Act by increasing premium assistance for consumers, reversing the Trump Administration’s sabotage to destabilize the marketplace, and incentivizing the holdout states to expand Medicaid.

Next, I think we need to get to work on a public option that’s available to everyone. In the original House-passed version of the ACA we included a public option, but it was left out of the final version that was drafted by the Senate. That was a big mistake in my opinion, and I think one of the most meaningful steps Congress can take to ensure everyone has affordable health coverage is to pass a public option.

**Lindberg:** Thank you for your support of the EMPOWER Act, which includes reauthorizing the Geriatrics Workforce Enhancement Program and the Geriatric Academic Career Awards. Do you have a sense of whether this legislation will make it to the president’s desk this year?

**Pallone:** I hope so! We just passed the EMPOWER Act on the House floor in October and we’re turning our focus to our colleagues in the Senate now so we can get it across the finish line and signed into law.

**Lindberg:** Thank you so much for your time today and your work on aging and health care issues. These issues are critically important to all of us as we age. Many GSA members conduct research on these issues, so feel free to call on us if we can provide assistance.
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and building wealth by living within one’s means and saving for the future.

“This report translates the science of so many GSA members and describes the many challenges and opportunities across the life course in maximizing our financial and health fitness,” said Peter Lichtenberg, PhD, ABPP, FGSA, of Wayne State University, who chaired the advisory board that oversaw content development for the new publication.

Research and innovations addressing the three steps are examined through vignettes about four generations of a fictional family — Mary, Robert, Judy, and Bob — whose respective stories illustrate the challenges of thriving at 85, 65, 45, and 25 years of age. Mary’s story of overlapping pressures that occur as people age into their 80s and 90s is presented first, followed by Robert’s need for social ties as he retires, Judy as her children leave home and she focuses on the health challenges of midlife, and Bob as he ponders the financial aspects of life as a millennial.

“With this research, The Gerontological Society of America has taken an important step to better understand how to navigate our journeys in life in an era of longer life spans,” said Lorna Sabbia, head of Retirement and Personal Wealth Solutions, Bank of America. “This study, together with our own research on life priorities and life stages, provides actionable guidance to individuals and families throughout their financial lives.”
For many ESPO members, interview season is upon us: post-doctoral fellowship interviews, clinical internship interviews, faculty and job interviews. Developing strong interviewing skills can lead to increased confidence with which you enter an interview and may be crucial in landing you a job, fellowship, or career opportunity. Learning how to interview effectively is an important skill in the transition from student to colleague. Below are several tips that may improve your interviewing skills.

**Tip 1: Do your research.**
Prior to entering the interview, make sure you've adequately prepared. With whom are you interviewing? What is their role, and how is it relevant to the position for which you are applying? What is the mission of the company? Be able to clearly articulate your understanding of the position and know where you need further information to make a well-informed decision, should you be presented with an offer.

**Tip 2: Look the part.**
Standard practices emphasize business suits for interviews, particularly in academia or business environments. However, it's important to be comfortable in what you're wearing — it's readily visible when you're not. Make sure that you feel confident and comfortable in what you're wearing and, if a suit is a must, consider adding your own twist to represent your individuality.

**Tip 3: Communicate your value to your interviewer.**
Have several selling points in mind and be prepared to talk comfortably about your strengths. Confidence is key and highlighting the areas in which you shine can communicate your skills effectively. Consider having a few small examples or vignettes to highlight these selling points. Know how your skillset will add to the workplace or department, and how you may fill current gaps — you want to make sure you can discuss how you are adding, rather than matching, what is currently available. Be prepared to talk about why you want the job, and what abilities you have that would match well.

**Tip 4: Prep responses to common interview questions.**
Depending on your field or position, you're likely aware of common questions given to applicants or interviewees. Make sure you have responses that are well thought out and highlight your strengths, rather than your weaknesses.

**Tip 5: Prepare questions for the interviewer.**
Don't forget — you are interviewing them at the same time they are interviewing you. What are things you need to know in order to make a well-informed decision? How will the experience further your career trajectory? Are there any areas that you're finding concerning? Feel comfortable getting your questions answered, and make sure you have the information you need prior to leaving the interview.

**Tip 6: Define your goals and be able to articulate how the position aligns.**
It is important to communicate that you've considered how the position will be a stepping stone to your overall career goal. How does fellowship fit with your trajectory? What will this opportunity do for you? Don't forget to ask about things that influence job satisfaction (i.e., institutional culture, time allocated for professional development, training, parenthood, etc.).

**Tip 8: Energy and assertiveness.**
Various studies indicate that interviewers formulate their opinion on a candidate within the first 5 minutes of the interview. Make sure you arrive with positive energy and express your appreciation for the opportunity to interview. Also ensure that the interviewer walks away with a strong understanding of your skillset and the strengths you would bring to the position.

**Tip 7: Practice, practice, practice!**
Job talks, interviews, vignettes, lectures — these should all be practiced beforehand. You want to appear comfortable and able to present the material fluently and fluidly. Practicing beforehand can also increase flexibility in your responses, so you don't appear too robotic or have difficulty going off-script.

**Tip 9: Thank you.**
Be sure to send a thank you note and follow up with interviewers. Ideally, thank you notes should be sent within 48 hours of the interview. Convey your gratitude for the opportunity and take a quick moment to remind them of your skillset that you bring to the position. Finally, reference something from the meeting to show you remember your time together (and to remind them of it!).
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initiative, which will bring together international leaders in science, medicine, health, engineering, technology, economics, and policy to gather and assess evidence around strategies for extending health spans worldwide. By late 2020, the initiative will produce a report that can serve as a prioritized 10-year action plan adaptable to local contexts. (This coincides with the World Health Organization’s Decade of Healthy Aging.)

“The opportunity to live longer, healthier, more productive lives is one of humankind’s greatest accomplishments,” Dzau and Jenkins wrote. “Fully capitalizing on such an unprecedented opportunity will require the input and buy-in of public and private stakeholders worldwide. It will require commitment to innovation across all sectors of society, from the personal, private, and public.”
Innovation in Aging Publishes Issue on Translational Research on Caregiving

Caregiving has been a central topic within the field of aging for more than four decades. As the demands on family members to provide care to their elders, and the physical, psychological, and financial costs of such demands have become widely acknowledged, there have been increasing calls to develop evidence-based interventions to improve the lives of caregivers and their care recipients, as well as to disseminate and implement existing interventions.

The goal of a new Innovation in Aging special issue, titled Translational Research on Caregiving to Improve Outcomes of Care Recipients and Caregivers,” was to respond to these calls by bringing together a set of papers on translational research on caregiving that introduce new interventions that improve the lives of care recipients and their caregivers, expand existing successful interventions to broader contexts, highlight understudied populations of caregivers, and offer both quantitative and qualitative approaches to the study of caregiving. Some of the articles included also took the editors in directions beyond their original vision of the issue by providing new and unique windows on the experiences of caregivers and care recipients, and exploring older adults’ agency regarding their preferences for care and residential setting, both of which have implications for current and future caregivers.

The wide range of questions addressed and methodologies employed in these articles, taken together, speak to the full caregiving career, from the point immediately before individuals experience this transition to late-stage dementia and planning for the end of life. These articles will spur translational research in new directions that further improve the lives of caregivers and the older adults for whom they care. Visit academic.oup.com/innovateage to view the issue in full.

Studies Find Nurse-Led Program Improves Care of Older Adults

An analysis of research on the Nurses Improving Care for Healthsystem Elders (NICHE) program finds that it improves older adult care, including preventing falls, improving patient safety and quality of care, reducing potentially inappropriate medications, and helping healthcare providers to care for patients with dementia. The study is published in The Gerontologist by researchers from the NICHE program at NYU Rory Meyers College of Nursing.

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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 2020 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: https://www.rand.org/well-being/social-and-behavioral-policy/centers/aging/rsi.html.

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

RAND 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 Employer Minorities/Females/Vets/Disabled
Join The Gerontological Society of America and more than 4,000 professionals in the field of aging from around the world to learn the latest trends, research, and developments from industry leaders, build strategic partnerships to address aging challenges, and network with peers!

ABSTRACT SUBMISSIONS OPEN JANUARY 31 AND CLOSE ON MARCH 12, 2020

www.geron.org
#GSA2020
GSA Fellows Nominations

Fellow status is the highest class of membership within The Gerontological Society of America (GSA).

The awarded status recognizes a member’s excellence in a broad scope of activities: research, teaching, administration, public service, practice, and participation within the society.

Find out more about nomination requirements and procedures at Geron.org/Fellows. Nominations open December 1, 2019 and close February 15, 2020.

Acknowledging exceptional, ongoing work in the field of gerontology and involvement in GSA activities.