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AGHE Journal Seeks Submissions

Gerontology & Geriatrics Education, the official journal of GSA’s educational unit, the Association for Gerontology in Higher Education (AGHE), has issued two calls for papers for forthcoming issues. For a special issue focused on international gerontology and geriatrics programs, the journal invites papers that address gerontology and geriatric education in a global context. The journal also is seeking submissions for an ongoing series of papers on the role of education and training in implementation science. For both issues, manuscript proposals of 300 words can be sent to Managing Editor Kelly Niles-Yokum at kniles-yokum@laverne.edu. The deadline for the international issue is June 15, 2015. Visit www.tandfonline.com/wgge for complete details.

GSA Plans to Introduce New Interdisciplinary Journal

GSA and its journal publisher, Oxford University Press, are currently developing a new peer-reviewed interdisciplinary title that will use an online-only, open access model. Following an editor search this year, the as-yet unnamed journal is expected to launch in 2016. Current journals in the GSA catalog, such as The Gerontologist and The Journals of Gerontology, have some of the highest impact factors in their field. The new journal will allow GSA to provide another vehicle to publish valuable and rigorously reviewed scholarly contributions; to expand opportunities for those in GSA’s broad member community to publish in their own Society’s journals; and to extend the volume, coverage, and influence of GSA content.

“I am excited about this new opportunity to reach a wider readership and extend our excellent publications program,” said GSA Publications Committee Chair Peter Lichtenberg, PhD. “We are indeed fortunate within GSA that we can find the best editors to lead our journals’ growth and development.” GSA’s flagship journals continue to see strong increases in manuscript submissions. In order to maintain standards, improve the journals’ standings in their field, and remain within page limits, the GSA Publications Committee has developed a plan for publication to set a new standard for excellence in the field of gerontology.

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GSA Presidential Candidates Issue Statements

Mary H. Palmer, PhD, RN, C

I began my long-term relationship with GSA in 1987 as a doctoral student, when I served as Student Organization representative to the Humanities and the Arts Committee. Since that time I have served in numerous other roles in GSA: as Health Sciences Section chair (1999 to 2001), Fellowship Committee chair (2007 to 2009), Program Committee co-chair (2009 to 2010), and as a presenter of my research in symposia, paper, and poster sessions. GSA is indeed my professional home.

Under my leadership, the inclusive and interdisciplinary culture of GSA will continue to be the professional home for emerging, mid-career, and senior scholars, educators, and professionals whose main focus is gerontology and aging. I will work with GSA to actively expand its scope to embrace others for whom gerontology is a component of their scholarship (e.g., oncology researchers), practice (e.g.,

Barbara Resnick, PhD, CRNP

I was thrilled to be nominated to run for GSA president and would be honored to serve in that role. I have been an active member of GSA since 1996 and served in several leadership roles, including Health Sciences Section chair. My goal in a leadership role will be to make GSA the go-to organization for researchers, clinicians, and providers of services who seek to foster excellence in physical and psychosocial health for older adults.

My dream is to expand our impact internationally, with industry, and to assure sufficient research dollars so that we can better serve older individuals and ourselves as we age. Further, my dream is for GSA to lead in moving innovative and exciting research findings to the bedside so as to optimize the care older individuals receive. In addition, I believe GSA can and will serve as a leader in raising the current and future needs of older adults, setting the research agenda.

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Looking Ahead to IAGG 2017: A Primer for GSA Members!

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

Congratulations to everyone who submitted their abstracts for GSA’s 2015 Annual Scientific Meeting in Orlando! With that task completed, it’s time to make some room on the front burner for one of the biggest research presentation opportunities of the decade: The 2017 World Congress of Gerontology and Geriatrics, which will begin accepting abstract submissions in a little more than 12 months (just after the submission period for GSA’s 2016 Annual Scientific Meeting closes).

GSA was tapped to serve as the host organization for the 2017 World Congress in 2009 by the International Association of Gerontology and Geriatrics (IAGG), which oversees this event every four years. Our goal is to ensure it is the most successful World Congress to date. To this end, GSA has agreed to forgo its own Annual Scientific Meeting in 2017, thus giving that year quite a different feel for long-time GSA members. Therefore, I’ve put together a short list of things that members should know — one that also serves as a list of things that members should look forward to!

This is exclusively an IAGG World Congress: GSA is acting as host of the 2017 event, but it will not be co-branded as a GSA Annual Scientific Meeting: it will have the look and feel of a World Congress. However, as is the case every year, GSA is committed to providing its members with the premier venue for networking and showcasing research in gerontology.

There will be a large, diverse audience: Due to the global nature of the World Congress, the attendance will be much higher than a typical GSA meeting — likely around 6,000 people. That means there will be many more like-minded scholars with which to share your science, as well as expanded opportunities to form new research collaborations.

San Francisco is the venue: We chose a destination that has both broad appeal and is conducive to international travel. San Francisco is known as “Everyone’s Favorite City” and GSA has recorded some of its highest-attended meetings when we’ve been there. It’s home to numerous respected academic centers, a hub of banking and finance, and features a unique skyline. This means that U.S.-based individuals will be able to attend a World Congress in a first-class city without the price of an international airline ticket.

We will meet in July: Mark your calendars for July 23 to 27 if you haven’t already. San Francisco enjoys average highs of around 70 degrees that time of year. Also, note that abstracts will be accepted from April to July 2016.

GSA governance will be unaffected: Aside from scheduling adjustments due to the dates of the meeting, there will be no changes to the cornerstones of GSA’s business, such as volunteer leadership, committee work, fellowship opportunities, and meeting program involvement. GSA’s 2017 elected officers will still have a role in the crafting of the World Congress program.

In the coming months, you will start to see new communications sent in regard to the World Congress. I would like to thank the individuals — members and staffers — who have brought us to this point. We have terrific leaders in John Rowe, Toni Antonucci, and Jacqueline Angel (as the World Congress’ president, vice president/secretary general, and treasurer, respectively), and program co-chairs Jeffrey Halter and Terrie Willet.

And lastly, I would like to give advance thanks to you, GSA’s interdisciplinary membership. As members of the host society, you will help make this World Congress a smashing success and demonstrate the positive difference that aging scholarship can make around the globe. It is truly an opportunity to bring your research to the world.

James
In Memoriam

Ellen Page-Robin, PhD, the founding director of the Western Michigan University gerontology program has passed away at age 82. Page-Robin joined the University in 1968 as assistant professor of sociology. She was later promoted to professor of community health services and was appointed director of gerontology in 1976. She retired in 1998 after 32 years of service. The gerontology program at WMU was started with a federal grant written by Page-Robin and the courses taught were developed and initiated by her. The program became nationally recognized under her leadership. She was honored as WMU’s Woman of the Year in 1983, and received the Distinguished Faculty Award from the Michigan Association of Governing Boards in 1986.

New Books by Members

• “Grandmothers at Work: Juggling Family and Jobs,” by GSA Fellow Madonna Harrington-Meyer, PhD. Published by NYU Press, 2014.

Members in the News

• On December 30, GSA Fellow Nancy Kropf, PhD, wrote a piece for The Atlanta Journal-Constitution titled “Awareness, Action Creating ‘Aging-Friendly’ Communities.” The article discussed what Kropf has done to make Atlanta a more age-friendly community.
• New America Media interviewed GSA Fellow Toni Miles, MD, PhD, for a piece titled “If Supreme Court Rules Against Health Subsidies, States will Lose Billions,” The article was published on January 13 and explores what could happen to federal tax subsidies under the Affordable Care Act.
• John Sedivy, PhD, was mentioned in The Telegraph on January 22. The article titled “Could Switching Off Single Gene Extend Life by 12 Years?” discussed Sedivy’s research with the Myc gene and its role in cell division.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Marla Berg-Weger, PhD, LCSW

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

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Hiroshi Saito, PhD

The recipient, who became eligible after referring new member Allison Steele, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Smyer Earns Australian Government Fellowship

GSA Fellow and Bucknell University Provost Mick Smyer, PhD, has been awarded an Endeavour Executive Fellowship by the Australian government’s Department of Education to pursue his project Graying Green: Climate Communication for an Aging World. The fellowship focuses on learning and building skills and knowledge through a host work environment in a fellow’s area of expertise. It will allow Smyer to further his project through peer-to-peer mentoring in the area of climate science, in addition to consultations with policy makers and colleagues at Australian National University active in the international science community’s Future Earth Initiative.

Betz Will Address Older Driver Safety

Marian Betz, MD, MPH, of the University of Colorado-Denver is one of several lead investigators in the AAA Foundation for Traffic Safety’s new Longitudinal Research on Aging Drivers (LongROAD) project. Participating institutions include Columbia University (lead institution), the University of Colorado Anschutz Medical Campus, the University of Michigan, the Urban Institute, Bassett Research Institute, Johns Hopkins University, and the University of California, San Diego. Researchers will recruit a total of 3,000 active drivers aged 65 to 79 years from five study sites in Colorado, California, Maryland, Michigan, and New York, and follow these drivers over time through annual assessments and interviews. To learn about their driving patterns, researchers will fit each driver’s vehicle with a GPS device. Data from this $12 million project will allow researchers to better understand the role of physical and cognitive functions, medical conditions, medications, and vehicle technologies in driving safety, the mechanisms of self-regulation, and the causes and consequences of driving cessation.

GSACConnect Corner

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

• Bryan Hansen, MSW, RN: “Elder justice is a multidisciplinary issue and one that unfortunately, does not always get the attention it deserves. I believe that a lot more could be done through federal agencies such as HHS and the Consumer Financial Protection Bureau but first, it needs to start with us, gerontologists.”
• Peter Martin, PhD: “If we use concepts of successful aging or modify it for specific purposes, we must ask to what extent this approach is useful in explaining or predicting aspects of aging.”
In Career Retrospective, Perry Chronicles Aging Research’s Path to National Prominence

This month in Washington, DC, the gerontology community is celebrating GSA member Dan Perry’s 30 years of service and success as the founder and long-time president and CEO of the Alliance for Aging Research. When I heard the news of this “retirement,” my article for this month became obvious — an interview with Dan.

The discussion began in the normal fashion with a list of questions and a recorder, but quickly developed to include a history lesson, storytelling, and a tutorial on how positive change can and will continue to happen in the nation’s capital. What follows are excerpts from a wonderful conversation with a man who has played a major role in the successes of the last three decades of aging research.

Brian: Let’s start with how you got involved in aging research.

Dan: I first stumbled into this area in the early 1980s. I was staffing Senator Alan Cranston (D-CA). I had been with him for a dozen years or so, and prior to that I had an earlier career as a newspaper reporter. The senator had been hearing from a lot of research scientists. He was on the committee that developed the legislation that created the National Institute on Aging in 1975. He held field hearings and heard from people like Bernie Strehler, Alex Comfort, and others that we human beings were not living as long as we were biologically programmed to because of chronic diseases that prevent us from living to our full biological potential. He was a physical fitness buff and record holding sprinter in senior track events. Listening to gerontologists, he invited a number of scientists into his office in the Capitol, which had been Daniel Webster’s office, to have a discussion. I took notes and wrote an article that appeared under Cranston’s byline. That article was published in The Readers Digest, titled “The Coming of Longer Lifespans.” The U.S. had just passed its bicentennial — 1976 — so there was talk of the next 100 years.

We invited in leading futurists, such as Alvin Tofler, who wrote “Future Shock.” Lawmakers wanted to know what was coming that would affect legislation and federal policies. What kept coming up again and again was the aging of the population. The so-called graying of America would be unprecedented and profound, and would touch every aspect of the American life. The big question was how will we make it to our full biological potential. He was a physical fitness buff and record holding sprinter in senior track events. Listening to gerontologists, he invited a number of scientists into his office in the Capitol, which had been Daniel Webster’s office, to have a discussion. I took notes and wrote an article that appeared under Cranston’s byline. That article was published in The Readers Digest, titled “The Coming of Longer Lifespans.” The U.S. had just passed its bicentennial — 1976 — so there was talk of the next 100 years.

With Cranston’s help we buttonholed Democrats and Republicans to serve on a congressional advisory board. You couldn’t do that today — that is, have members of Congress serve as advisors to an outside organization. We had signed up 24 members of Congress and 30 top level scientists; we were going to be a big voice for keeping people healthier longer. We enlisted support from a number of top American companies. We had an impressive number of foundations too: the Commonwealth Fund, MacArthur Foundation, and Retirement Research Foundation. It was a great start for the Alliance for Aging Research. We threw a party for ourselves and asked the heads of NCOA, the National Council of Senior Citizens, and AARP to send out the invites. I was happy to take the reins of this new organization. I was fascinated by the science of aging, hearing from experts what was to come.

Brian: Where are we today with the work of the Alliance and the National Institutes of Health?

Dan: Aging research has reached a point where we are close to major breakthroughs. The idea of geroscience has taken hold at NIH; this sharing of investigations into fundamental biological changes of aging. A relatively few biological mechanisms can now be studied and modified to produce healthier aging in mammalian experimental models. And now we’ve got big players like Google and Craig Venter and big pharma testing compounds that will hit clinical targets by getting at a deeper level, affecting the rate of changes associated with aging. It’s been a wonderful evolution — evolution on steroids — over these 30 years.

Brian: This is very big at GSA; please say more about your view on geroscience and how we got here.

Dan: In the mid-70s when NIA was being considered by Congress, one of the arguments Senator Cranston heard and articulated further was that the most costly and disabling diseases — cancer, cardiovascular, diabetes, and Alzheimer’s — all have the same root in aging. By and large, these diseases are not a threat for people in their teens and twenties. But by the time you get to 55 your chances of...
developing a major chronic disease are doubling every seven years. There is a common factor — aging — that connects to all the diseases we spend millions researching in these different buildings with different disease names on them. The logic that we should be making a greater investment in aging itself has been there all along.

About six years ago I wanted to make one more big effort in this area. We had been pushing Congress for years to put more money in aging research. What was coming back at us from legislators and their constituents was, what is aging anyway? What is the target? What can we really do about it? So we encouraged a top-flight group of about 20 scientists to help us break it down: what are the mechanisms that are common with age-related diseases? They came up with a rather elegant statement regarding inflammation, stress response, cell death and cell turnover, loss of replicative capacity, and so on. We translated their work into a statement accessible by the lay public. We circulated it to prominent scientists and won endorsement from more than 100 signers.

Meanwhile, Felipe Sierra at NIA had the support of his boss Richard Hodes to talk to his counterparts in the other institutes about creating an interest group. So while Felipe was talking to his counterparts across NIH, we went in, along with Linda Harootyan representing GSA, to meet with the directors and senior staff of a half-dozen NIH institutes and centers. We showed them the statement signed by leaders across the medical field. We told them they will be asked internally to be part of a geroscience interest group. There won’t be a tap on your budget from Building One, but it’s a way for your institute to collaborate with colleagues across NIH going after common targets, such as inflammation.

Between Felipe working the inside game and us working from the outside, 20 of the 27 institutes and centers signed onto the Geroscience Interest Group (GSIG). Dr. Collins [the director of NIH] blessed it and keynoted the big geroscience summit at the end of 2013. James [Appleby] at GSA and the Alliance raised the funds to pay for it.

The GSIG Summit was a high point, but the job is only half done. Yes, there is a Geroscience Interest Group, but there are no dedicated funds to support the research collaborations we are talking about. For Americans to truly benefit from these collaborations there needs to be a dedicated source of funding for geroscience. One of the models we are attracted to is a coordinating committee for geroscience across all of Health and Human Services, not just NIH. It could possibly include veterans and some non-HHS agencies, as well. Our goal at the Alliance is to engineer into appropriations language the means to make this happen. A coordinating council for geroscience — that would be the ultimate golden ring moment for all of us.

Brian: How are you feeling about our chances in this difficult political and fiscal environment?

Dan: There isn’t an elected official anywhere who wants to be seen as indifferent to the needs of older voters in his or her district. The goals of aging research are an opportunity to do right for seniors. To improve the lives for older people has a stronger claim on bipartisanship than most other functions of the federal government.

Since the election last year, both parties are saying that they have a big stake in showing the public that they can get some things done. Why not a high science initiative for longer and better lives given this demographically unprecedented phenomenon of aging? I do wring my hands and gnash my teeth at the stupidity of some of the gridlock.

But I think the time will come again when economic conditions allow for getting past these terrible sequestrations and other budget limitations. When the Alliance was getting started in the mid-1980s, Gramm/Rudman/Hollings [the Balanced Budget and Emergency Deficit Control Act of 1985] was the big bugaboo of the day. No one thought that there would ever be another nickel for anything. Just recently the president has announced $215 million in his 2016 budget to advance personalized medicine, and another $30 million to combat drug-resistance bacteria. In 2013, the BRAIN initiative was announced and NIH put $46 million into that effort. The day will come when the power and logic of geroscience will be the big news of the day.

Brian: Over the years you have worked closely with many GSA staff — Linda Harootyan, Paul Kerschner, Carol Schutz, and James Appleby, and many of GSA’s members who lead in many areas of research throughout the country.

Dan: The convening power that GSA provides for the broad community of people who commit their careers to gerontology and aging services is a national treasure. The annual meetings are like the watering hole on the Serengeti Plain, where all the wildebeests and antelopes, lions, and zebras gather together so they might all thrive. GSA draws together the whole community in a way that no other entity or organization can. I’ve very much enjoyed attending the annual meetings. It’s a great gathering of the clans and of great value to the field. Aging is not just biology and it’s not just medicine. It’s not social services alone, nor just about health care delivery. Gerontology is not just caregiving, or bioethics, or spiritual concerns; it’s everything. Like the United Nations, it can be fractious at times, and it’s hard to get consensus between groups. But you wouldn’t want the UN not to be there! And potentially, the power of the 5,500 members, every one of whom lives in some legislator’s congressional district. The potential for gerontologists to be heard by their local representative is a tremendous potential — still somewhat untapped, but it’s there.

Brian: Thank you so much for your time and commitment to our field.

Dan: Thank you and GSA for all you do.

Please note: The full-length version of this interview with Dan Perry can be found in his profile on the GSA Connect online networking platform. Log in at connect.geron.org to read more!
U.K. Report Finds Many Unsure of Future Care Needs

A new report released in the U.K. is calling on individuals, commissioners, and the government to take greater responsibility with respect to elder care funding to help avoid a care crisis. The report, “The Care Choice Gap,” identifies the gap that exists between the type of care people want and the care they think they may end up receiving in their old age. It was commissioned by Consultus Care & Nursing and is based on a survey of more than 2,000 adults in the U.K. The report found that while most people over 75 years want to be cared for in their own homes, only 54 percent think this could be a reality and 23 percent said they could not predict what would happen to them in their old age. Only 3 percent of respondents said they would like to be cared for in a residential home; while 86 percent surveyed said they have never discussed their wishes for care with loved ones. The report can be downloaded from www.consultuscare.com/care-choice-report.

Dementia Becoming More Prevalent in Japan

As reported in multiple Japanese news outlets, one in five people aged 65 or older in Japan will have dementia in 2025, reaching between 6.75 million and 7.3 million. This new projection was included in a draft national strategy for enhancing dementia measures that was disclosed at a meeting of the Liberal Democratic Party. The national strategy that comprises seven major policies, including approaches focusing on the needs of the patients and their families, will be finalized shortly. Also included in this draft plan are efforts for a nationwide campaign to raise awareness of dementia and public forums for dementia patients to describe their experiences. A research team at the Ministry of Health, Labor, and Welfare put the estimated number of dementia patients at 65 or older in 2012 at around 4.62 million, or one in seven. The rise in individuals that are estimated to have dementia in 2025 was attributed to the growing number of baby boomers who will reach the age of 75 in 2025, according to the draft strategy.

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Palmer Continued  primary care providers), policy orientation (e.g., housing, transportation), and service provision (e.g., home care).

I believe in including the voices of older adults in the prioritization and development of aging-related policy and research. Through my involvement in international and mentorship activities and lifelong interdisciplinary collaborations, I will enthusiastically support GSA’s prominent global presence among other professional aging societies by fostering innovative joint programs which include mentoring programs.

Mary H. Palmer, PhD, RN, G, is the Helen W. and Thomas L. Umphlet Distinguished Professor in Aging at the University of North Carolina at Chapel Hill School of Nursing, the interim chair of her division, and served as interim co-director of the UNC Institute on Aging (2009 to 2014). She earned her BSN (1975) and MS (1982) from the University of Maryland at Baltimore, PhD (1990) from the Johns Hopkins University Bloomberg School of Public Health, and MFA (1999) from Goddard College. Her research focuses on adult and geriatric bladder health; in recognition of her work, she received the NAFC/AGS Rodney Appell Continence Care Champion Award (2009). Palmer has a long history of mentoring students and emerging scholars nationally and internationally. She has authored 89 peer-reviewed publications, 2 award-winning books, and 17 book chapters. Palmer is the vice-chair of the American Geriatrics Society’s Public Education Committee, an associate editor of the Journal of the American Geriatrics Society, and serves on the editorial boards of Faculty of 1000 Medicine and Geriatric Nursing. In 2014, she received a Carolina Women’s Health Research Faculty Scholar Award. Palmer is a fellow in the American Academy of Nursing, American Geriatrics Society, and The Gerontological Society of America.

Resnick Continued  identifying clinical challenges, and driving the important teaching and policy initiatives that are needed.

Lastly, my dream is to make sure every GSA member joins us at the annual GSA Fun Run/Walk for their health and the health of the organization!

Barbara Resnick, PhD, CRNP, is a professor in the Department of Organizational Systems and Adult Health at the University of Maryland School of Nursing, co-directs the Adult/Gerontological Nurse Practitioner Program and the Biology and Behavior Across the Lifespan Research Center of Excellence, holds the Sonya Ziporkin Gershowitz Chair in Gerontology, and does clinical work at Roland Park Place. Her research program is focused on optimizing function and physical activity among older adults, exploring resilience and genetics, and testing dissemination and implementation of interventions in real-world settings. Resnick has over 250 published articles, 200 editorials, numerous chapters in nursing and medical textbooks, and books on restorative care and resilience. She is editor of Geriatric Nursing, associate editor of numerous journals such as the Journal of the American Medical Directors Association, and serves on editorial boards for many journals, including GSA’s. Within GSA, she was chair of Health Sciences Section, previously received the Doris Schwartz Gerontological Nursing Research Award, is a founding member of the Mentoring Effect program, and is on the National Adult Immunization Program Workgroup. She held leadership positions in multiple organizations, including the Gerontological Advanced Practice Nurses Association, Society of Behavioral Medicine, and American Geriatrics Society.

Ballots for the election of GSA’s next officers were sent by e-mail to all members on March 2. Reminders will be sent again prior to the voting deadline of April 15. Please make sure GSA has your correct address on file by checking your member profile at www.geron.org. If you did not receive your ballot or wish to receive a paper ballot, please contact ballots@geron.org. The full biographical sketches and personal statements of all candidates running for GSA office can be viewed online at www.geron.org/elections.
Mentoring relationships are critical for developing a successful career in academic and non-academic aging. Traditionally, the mentor-mentee relationship features an experienced and established professional who mentors a junior professional. However, mentoring can occur at all career stages. Mentees gain valuable insight into their field, receive valuable feedback for professional growth, develop an authentic relationship based on mutual interests, and obtain networking opportunities provided by the mentor. In turn, the mentor is a trusted advisor, but also gains valuable insight into his or her field from the perspective of a junior professional, and also has a chance to give back to the profession and hone his or her leadership skills.

Mentoring relationships can take many different forms. Reverse mentoring, which may stand alone or serve as a component of many traditional mentoring relationships, entails the more junior person imparting ideas and experience to the more senior person. Peer mentorship is an intentional relationship between two people in similar stages of their careers, and usually includes holding each other accountable and serving as one another’s champions.

Identifying a great mentor is one component for a meaningful mentorship; however, it is essential to prepare for common pitfalls and challenges that frequently occur. Perhaps the most common initial challenge in a mentoring relationship is a lack of clearly defined goals. The difference between a flourishing or foundering mentorship rests in establishing explicit and mutual goals. Goals should be specific, measurable, realistic, time-bound, and satisfy both parties. Therefore, it is important to discuss the purpose of the proposed mentoring relationship. For example, some mentorships may focus on a particular event or a time-limited role, such as how to prepare of a job talk. The mentor and mentee should clearly communicate their individual expectations and roles with a defined end point. Whether the goal of the relationship is a short-term objective or a longer relationship, it is important to clearly describe what each party hopes to accomplish. For example, the goal of a mentoring relationship between a junior faculty member and a senior faculty member may be centered on adjusting to an academic environment. In this instance, the mentor may want to collaborate on grants and help increase the mentee’s knowledge of the skills to advance to tenure; while the mentee will submit two grants in an academic year.

Another common problem is the perception that a mentoring relationship is time consuming. Professionals at all career stages are busy, and senior professionals in particular are likely to be juggling a number of competing interests including multiple mentoring relationships. A good way to ensure that a relationship is mutually respectful of time constraints is to formally discuss a plan for meeting and for checking in. This can vary significantly depending on the individuals involved; some mentors and mentees have a designated hour long meeting each week, while others touch base by e-mail and have few in-person interactions. The important element is that the frequency and duration of contact is mutually agreed upon and satisfactory to both parties.

The power differential between a mentor and mentee may also serve as a challenge in the relationship. Sensitivity to societal and structural power and privilege goes a long way toward effective mentoring. Open communication and getting to know one another on an individual level are good first steps to bridging a power differential. Similarly, communication and seeking to understand one another’s perspective are important elements of cross-gender and cross-cultural mentoring relationships.

Finally, it is possible that personality conflicts render a mentoring relationship ineffective. Although mentoring is not dependent on personality, the fit between two individuals is an important element of mentorship. If a relationship seems to be a poor fit, it may be necessary for both parties to discuss mutually satisfactory solutions such as identifying a new mentor or establishing more concrete relationship boundaries to accomplish mentoring goals without friction.

Although challenges are likely to arise in any human relationship, mentoring relationships are a uniquely powerful alliance with important benefits for the mentee, the mentor, and the field of aging research.
Members Join International Delegations as GSA Expands Global Outreach

GSA launched an Asia Initiative in 2011 to build broader and deeper relationships with colleague organizations and relevant universities internationally. This outreach builds on the strength of GSA’s existing membership, which includes a robust international representation of clinicians, researchers, and educators globally — 18 percent of GSA members are based in nearly 50 countries outside the U.S.

In addition, this initiative will enable GSA to increase the success of the next International Association of Gerontology and Geriatrics’ World Congress, which GSA will be hosting in July 2017.

GSA has placed a special emphasis on developing relationships with organizations and institutions in China, Hong Kong, and South Korea. In that regard, GSA has been collaborating with several organizations to co-sponsor several recent and forthcoming scientific conferences addressing several topics in the aging field.

GSA has provided the keynote speakers for most of these events, and the co-sponsoring organizations have also provided support for GSA members to attend as volunteer representatives of the Society. Further such opportunities for members will be announced via e-mail.

International Symposium on Psychology of Aging – Cognitive and Affective Neuroscience and Psychopathology in Later Life

This event was co-organized by the Center on Psychological Aging, Key Laboratory of Mental Health, and Institute of Psychology within the Chinese Academy of Sciences, and GSA.

Keynote speakers: Laura Carstensen, PhD, Lars-Goran Nilsson, PhD, and Bob G. Knight, PhD

GSA member delegation: Kevin Brabazon, PhD, Da Jiang, MPH, and Fang Yu, PhD, GNP, RN
Chinese Congress and Exposition on Gerontology and Health Industry

Suzhou, China • September 12 to 14, 2014

This event was organized by the Chinese Geriatrics Society. (The “GSA in China” session was organized by GSA.)

Keynote speakers: James Appleby, RPh, MPH, and Rita Effros, PhD

GSA member delegation: Amy L. Ai, PhD, Ling Han, MD, PhD, and Guangya Liu, PhD

International Conference on Aging and Public Policy – Health Care, Urbanization, and the Environment

Hangzhou, China • October 8 to 11, 2014

This event was co-organized by Zhejiang University and GSA.

Keynote speaker: Merrill Silverstein, PhD

GSA member delegation: Zhanlian Feng, PhD, Rebecca H. Hunter, MEd, and Patricia O’Neill, JD, MSG, MS, MA

U.S.-Hong Kong 2015 Conference: Putting Aging Research and Clinical Practice in Cultural Context

Hong Kong • January 5 to 6, 2015

This event was co-organized by Department of Psychology at the Chinese University of Hong Kong and GSA.

Keynote speakers: Rosemary Blieszner, PhD (Other invited speakers included David Ekerdt, PhD, Thomas Hess, PhD, and Frieder Lang, PhD.)

GSA member delegation: Nancy Kropf, PhD, Kyriakos Markides, PhD, Timothy McBride, PhD, Karen Roberto, PhD, and Cecilia Rokusek, EdD
AGHE Honors Distinguished Individuals

The Association for Gerontology in Higher Education (AGHE) recognized its newest elected officers, fellows, and awardees at its recent Annual Meeting and Educational Leadership Conference in Nashville, Tennessee. This event, which welcomed approximately 400 attendees, took place from February 26 to March 1 and provided a forum for professionals in the field of aging to present their work and share ideas about gerontological and geriatric education and training. The theme was “The Changing Face of Aging Around the World.”

The next AGHE meeting will take place in Long Beach, California, from March 3 to 6, 2016. The abstract submission period is expected to open in early May; stay tuned to www.aghe.org for details.

Officers
These individuals are responsible for matters of governance and strategic planning for the organization.

President-Elect
Nina M. Silverstein, PhD, University of Massachusetts Boston

Members-at-Large
Elizabeth J. Bergman, PhD, Ithaca College
Tina Kruger Newsham, PhD, Indiana State University

Fellows
AGHE fellow status is an honor that recognizes outstanding leadership in gerontology and geriatrics education by established scholars and educators.

Edward L. Schneider, MD, University of Southern California
Kelvin T. Davies, PhD, University of Southern California
Susan Enguidanos, PhD, University of Southern California

Awardees
Clark Tibbits Award
Presented to Suzanne R. Kunkel, PhD, Miami University
Saturday, February 28, 5 p.m.
This award was established in 1980 to recognize individuals who and organizations that have made outstanding contributions to the advancement gerontology as a field of study in institutions of higher education.

Hiram J. Friedsam Mentorship Award
Presented to Jennifer C. Mendez, PhD, Wayne State University
Sunday, March 1, 9:45 a.m.
This award, named for an outstanding mentor in gerontology, is given to an individual who has contributed to gerontological education through excellence in mentorship to students, faculty, and administrators.

Mildred M. Seltzer Distinguished Service Recognition
Presented to Dena Shenk, PhD, University of North Carolina Charlotte; and Eleanor Krassen Covan, PhD, University of North Carolina at Wilmington
Friday, February 27, 4:30 p.m.
This award honors colleagues who are near retirement or recently retired. Recipients are individuals who have been actively involved in AGHE through service on committees, as elected officers, and/or have provided leadership in one of AGHE’s grant-funded projects.

David A. Peterson Gerontology & Geriatrics Education
Best Paper of the Volume Award
Presented to Feliciano Villar, PhD, University of Barcelona; Montserrat Celdran, PhD, University of Barcelona, and Josep Fabà, MSc, University of Barcelona, for “Tell Me Your Life: Including Life Stories in an Adult Development and Aging Course.”
The purpose of this award is to recognize excellence in scholarship in academic gerontology in AGHE’s official journal, Gerontology & Geriatrics Education.

Distinguished Faculty Award
Presented to Graham D. Rowles, PhD, University of Kentucky
Saturday, February 28, 8 a.m.
This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

Student Leadership Award
Presented to Katherine Humber, MA, University of Maryland, Baltimore County
This award recognizes students whose leadership has advanced the goals and mission of AGHE as well as the respective goals of their AGHE-affiliated institutions.

Rising Star Junior Faculty Honor
Tina Kruger Newsham, PhD, Indiana State University
Friday, February 27, 3 p.m.
This award recognizes new faculty whose teaching and/or leadership stands out as impactful and innovative.

Visit www.aghe.org to learn more about AGHE’s volunteer leaders, fellowships, and prestigious awards!
What is Successful Aging? Gerontologists Strive to Build Consensus

Scholars have long debated what successful aging is, how to measure it, and how to promote it. But the latest issue of The Gerontologist lays the groundwork for building consensus on the topic — while pointing out that the answer may differ among academics and the general public, as well as across populations and demographic groups.

“With an enhanced understanding of what successful aging is, we will be in a stronger position to develop interventions that will enable more people to age successfully,” stated The Gerontologist Editor Rachel Pruchno, PhD, in the issue’s opening editorial. “The sheer number of people comprising the baby boom generation transformed academic interest in successful aging to a public policy imperative. Now more than ever, it is critical to develop science that empowers people to experience the best old age possible.”

The topic of successful aging reached new heights of popularity following a 1987 study by John W. Rowe, MD, and Robert L. Kahn, PhD, titled “Human Aging: Usual and Successful,” which appeared in Science. They followed up with a subsequent article in The Gerontologist (and later book) titled “Successful Aging.”

Their work helped the field of gerontology evolve from one arguably fixated on loss to one characterized by heterogeneity and the potential for growth. In the latter piece, they wrote that “successful aging is multidimensional, encompassing the avoidance of disease and disability, the maintenance of high physical and cognitive function, and sustained engagement in social and productive activities.”

Now, through a series of 16 articles in The Gerontologist, top researchers in the field have looked back at the progress made over the past 28 years — and whether or not Rowe and Kahn’s analysis is still relevant. Some of the journal’s authors even suggest that the concept of successful aging should be abandoned, pointing to social inequalities and the problems associated with labeling a person as an “unsuccessful ager.”

The issue includes a number of groundbreaking studies involving several segments of the U.S. population. For example, one of the articles reports on the first study to examine physical and mental health quality of life among the older LGBT population. Another entry uses queer theory to explore the experiences of transgender persons who contemplate or pursue a gender transition later in life.

A further article addresses the growing body of literature suggesting that black women experience a number of social challenges that may present as barrier to aging successfully. Together, they demonstrate the necessity for gerontological theory to address how social, cultural, behavioral, and environmental constructs affect physical health and psychological well-being while guiding policy, health care services, and research among diverse race and gendered populations.

The Gerontologist also contains articles examining successful aging across cultures. It reports that young, middle-aged, and older lay persons from the U.S. and Germany have quite similar concepts of successful aging, which they view in far more multidimensional terms than do established scientific theories. This demonstrates that laypersons’ views of successful aging pose scientific challenges because they include a much wider variety of factors than are considered in most theoretical models. A separate study examines labor force participation rates and life expectancy among Organization for Economic Co-operation and Development Countries — and finds that member nations with older adults who remain active in a paid work capacity tend to have elders who live longer.

“Nearly three decades after Rowe and Kahn’s initial article was published, it is incumbent on gerontologists to use the conceptual and empirical knowledge base that now exists to develop consensus about what successful aging is and how it should be measured,” Pruchno wrote. “We should approach this goal knowing that our measures will not be perfect, but at least our findings will be comparable. Advancing this work will help us learn how individuals can experience successful aging regardless of their social or health conditions.”

Continued from page 1 – GSA Plans to Introduce New Interdisciplinary Journal

budget guidelines, corresponding decreases in acceptance rates are necessary. The current titles only accept between 15 and 30 percent of submitted articles.

“This means that more and more quality research is excluded,” Lichtenberg said. “Some of these articles are rejected for being out of the scope of the current journals. The new, broad open access journal would serve as a potential home for this material and, as such, broaden the umbrella of GSA, potentially welcoming in new members from underserved areas of research.”

Open access journals are free to readers without a subscription. There is an article processing charge to publish, although that fee will be waived for the new journal’s first year and GSA members will receive a discounted rate thereafter.

“Over the last ten years, open access has become a widely accepted method of scholarly publishing,” said GSA Executive Director and CEO James Appleby, RPh, MPH. “It has been consistently shown that open access leads to increased readership for articles by a wider audience. GSA’s mission is to promote research and disseminate knowledge, and open access will help in achieving both goals.”

The online format of the planned journal also will provide a service to the research community in meeting its publication needs. Without formal monthly issues and page budgets, articles can be published more rapidly, allowing for faster dissemination of information. The lack of limitations also opens the journal to experimentation and reach into new article types and subject areas. In particular, it will provide an outlet for methodology papers, scale development papers, and potentially for publication of datasets.

“The new journal will offer many advantages,” added Lichtenberg. “Chief among these will be the ease and speed of publication, the wide-ranging subject matter, and a large and diverse audience.”

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

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

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

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

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

Center for Innovative Care in Aging

SUMMER RESEARCH INSTITUTE (SRI)

June 8-10, 2015
GETTING STARTED: DEVELOPING AND TESTING AN INTERVENTION
Enhance your intervention responsiveness to practice and service settings through new models, frameworks, pipelines and designs.

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**new resources**

Data Brief #170 presents national estimates on selected characteristics of residential care communities and compares communities by bed size. Data Brief #171 presents national estimates on selected characteristics of residents living in residential care communities and compares residents by community bed size. The data briefs, state web tables, and other products are available at www.cdc.gov/nchs/nsltcp/nsltcp_products.htm.

**IOM Report Explores End-of-Life Preferences**

In "Dying in America," a consensus report from the Institute of Medicine (IOM) released in fall 2014, a committee of experts found that improving the quality and availability of medical and social services for patients and their families could not only enhance quality of life through the end of life, but may also contribute to a more sustainable care system. The complete report and other resources, including a webinar recording and slides, are available at www.iom.edu/endoflife.

**Tools Address Resident-to-Resident Aggression**

A new brochure and fact sheet from the National Consumer Voice for Quality Long-Term Care and the National Center on Elder Abuse helps to identify elder resident-to-resident mistreatment, shares information about an individuals’ rights, and offers resources where they can go for help. Aggression between residents of long-term care facilities is a serious yet hidden problem. These tools state that all residents have the right to be free from all forms of abuse, neglect, and exploitation, and have rights if they have been subjected to mistreatment. This fact sheet and brochure can be obtained at bit.ly/1zQDpIZ.

**AARP Report Provides Insight into Chronic Care Improvements**

A new study from AARP, “Transforming the Workforce to Provide Better Chronic Care” looks at how Hennepin Health (which serves low-income adults in Minnesota’s Hennepin County) uses a behavioral health nurse care coordinator to improve integration and coordination of services in its County Mental Health Center. The report is part of a series of based on a collaboration between the National Academy for State Health Policy and the AARP Public Policy Institute, which explores the evolution of primary care systems. To view the document, visit bit.ly/V4yaUG.

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

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

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**NEW!**

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

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

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

Get started now! Visit [www.geron.org](http://www.geron.org) and log in to GSA Connect to create your profile and start interacting with your network.
funding opportunities

AGE-SW Pre-Dissertation Award Offers Support for Social Work Students
The Association for Gerontology Education in Social Work (AGESW), along with support from the GSA and the New York Community Trust, will provide support for a cohort of twelve social work doctoral students who have completed the first year of doctoral studies. The goal of this program is to provide students with support for their dissertation process and to prepare them for an academic career in gerontological social work research and education. Recipients will receive more than ten hours of programming delivered by nationally recognized faculty who are experts in the field of gerontological social work. The program will be delivered at the 2015 GSA Annual Scientific Meeting in Orlando, Florida. Awardees will be selected by the AGESW Pre-Dissertation Advisory Council. The application deadline is May 1. Further details can be found at bit.ly/1A2GJQ4.

Michigan Grants Focus on Older African Americans
The Michigan Center for Urban African American Aging Research, one of seven Resource Centers for Minority Aging Research funded by the National Institute on Aging (NIA), has issued a request for pilot grant proposals for FY 2015. The center is a collaborative effort between the University of Michigan Program for Research on Black Americans and the Wayne State University Institute of Gerontology. One of the center’s major goals is to identify and mentor junior investigators who are committed to research careers involving research with older African Americans. Proposals are sought to support junior investigator initiated research projects that would be developed into independent National Institutes of Health-funded projects. Collaborative research projects that involve faculty from more than one department, school, or institute are also encouraged. Funds are available for the period of July 1 to June 30, 2016, pending NIA approval. The completed application must be received by April 17. Applicants will be notified by July 10. For more information, contact Minti Henderson at minti@umich.edu or Carol Talbott at ctalbott@wayne.edu.

Leadership Awards Aim to Leverage Senior Research Leaders
The National Institute on Aging’s Research Leadership Career Award provides support for more senior investigators who have the expertise and leadership skills to improve the curricula and enhance the aging-related research capacity within their academic institution to leverage recent advances in basic, clinical, and behavioral research in aging in order to advance scientific momentum in the field. Applicants must have acknowledged scientific expertise and leadership skills and

 NIH POSTDOCTORAL RESEARCH FELLOWSHIP position is available for multidisciplinary training and joint mentoring by leaders within the National Institute on Aging, Wake Forest School of Medicine Sticht Center on Aging and the Department of Radiology at the University of Pennsylvania School of Medicine. This position is designed for candidates seeking training in aspects of the analysis of cognitive function, brain imaging, cardiovascular disease risk factors and related serum markers in older adults with Type 2 Diabetes. The research focus will be on use of ACCORD and ACCORD-MIND data from this large (n=2,972) NIH funded clinical trial.

The accepted candidate will spend one half of their time split between Wake Forest University in Winston-Salem, NC and the University of Pennsylvania in Philadelphia in the first year, learning aspects of clinical care and neuroimaging. In the second year, while located at the NIA, the main objective of the Fellowship will be to learn and apply fundamental aspects of epidemiologic research to etiologic or clinical research projects.

Applicants must have prior exposure to research, received a PhD, MD, or a comparable doctoral degree from an accredited domestic or foreign institution, be a U.S. citizen/permanent resident or eligible to receive the relevant training visa, and be interested in pursuing an academic research career. Rotation time may be adjusted depending on the candidate’s interests.

Applications may be submitted at: http://www.wakehealth.edu/Job-Openings/9237

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sufficient clinical training, research, or teaching experience in the academic area of interest to a National Institutes of Health awarding component to implement a program of curriculum development within the sponsoring institution. The investigator is expected to build on existing infrastructure including the development or enhancement of existing curricula in an area or subfield of research on aging at their institution and provide leadership in the establishment of an emerging scientific discipline in aging and geriatrics, drawing on the strengths of his/her institution, its faculty, and resources. Funding may be used to support a particular institution or to build a research area through networked investigators or institutions. The earliest date of submission is May 12. Visit 1.usa.gov/1wmJjLM for full details.

Federal Funds Slated for Multiscale Model Development

Several agencies within the U.S. government have partnered to issue a funding opportunity announcement to support the development of multiscale models to accelerate biological, biomedical, behavioral, environmental, and clinical research. These agencies have stated that in order to efficiently and effectively address the challenges of understanding multiscale biological and behavioral systems, researchers will need predictive, computational models that encompass multiple biological and behavioral scales. This funding opportunity supports the development of non-standard modeling methods and experimental approaches to facilitate multiscale modeling, and active participation in community-driven activities through the Multiscale Modeling Consortium. There are several forthcoming application deadlines; visit 1.usa.gov/1zr6zlG for more details.

NIH Offers Grants to Bolster Emerging Scholars’ Careers

The National Institutes of Health (NIH) Pathway to Independence Award seeks to help outstanding postdoctoral researchers complete needed, mentored training and transition in a timely manner to independent, tenure-track or equivalent faculty positions. This award is part of the NIH Research Career Development program, which is designed to ensure that a diverse pool of highly trained scientists is available in appropriate scientific disciplines to address the nation’s biomedical, behavioral, and clinical research needs. In addition to this opportunity, NIH institutes and centers support a variety of other mentored career development programs designed to foster the transition of new investigators to research independence. These other programs may be more suitable for particular candidates. The NIH also supports non-mentored career development programs for independent investigators. Standard application dates apply; visit 1.usa.gov/1LigDxC to learn more.
YOUR VOTE, YOUR SOCIETY!

GSA 2015 ELECTIONS

GSA members, cast your vote in the GSA 2015 elections! You should have received an e-mail invitation to peruse the GSA 2015 Election Guide and a link to vote. These elections have important implications for the Society, so complete your ballot today. We want to hear your voice!

To learn more about Society-wide elections, visit geron.org/elections.

The deadline to vote is April 15.