Long-time member Katie Maslow has joined the GSA staff as part of the Society’s Visiting Scholar Program. In this capacity, her work will focus primarily on improving care and services for people with cognitive impairment, dementia, and coexisting medical conditions, and supporting their family caregivers.

“Ms. Maslow is highly regarded in our field, particularly for her tireless efforts to improve dementia care in this country,” said GSA Executive Director James Appleby, BSPharm, MPH. “I look forward to working with her as she shares her expertise in translating aging research into practical applications that will improve the lives of people as they age.”

The Visiting Scholar Program is open to members able to make a full- or part-time commitment to conduct work on GSA projects related to his or her area of expertise.

“I am very happy and excited to be part of GSA. It’s a great organization,” said Maslow, who was the Society’s 2015 recipient of the Maxwell A. Pollack Award for Productive Aging. “I’ve been a member of GSA for many years, but being in the GSA office now, I’m amazed by the number and range of important projects the
Financial Industry Moves to Safeguard Older Adults

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

As GSA prepares to host the IAGG World Congress of Gerontology and Geriatrics next July in San Francisco, advancing the cause of gerontology on a global scale is a goal that the Society has actively pursued over the last several years. I’m happy to report that our international reach was recognized once again when the GSA was invited to participate in a significant World Economic Forum event in February.

Yes, that World Economic Forum — the same global foundation that convenes such renowned meetings as the annual winter gathering in Davos, Switzerland, where the leaders of the world’s top organizations work on solutions to pressing issues of the day.

Within the forum’s organizational structure is its Global Agenda Council on Aging, which “aims to explore how stakeholders across sectors and geographies can capitalize on the economic opportunities presented by an aging population and encourage business and governments to adopt age-friendly policies.”

That’s where GSA fits in. The council is currently in the middle of a series of three symposia focusing on aging, cognitive impairment, and the impact on banking and insurance practices. For the second of these events, held in London in February, GSA produced an issue of its quarterly Public Policy & Aging Report (PP&AR) titled “Elder Wealth, Cognition, and Abuse,” which was distributed to all attendees. (The issue is free to GSA members through GSA’s website, and a summary can be found on page 10 of this newsletter.) I also had the privilege of representing GSA as a panel speaker during the closing plenary session.

The London symposium — titled “Managing Ageing and Cognitive Decline: Challenges and Opportunities for Financial Services” — was hosted by GSA’s long-time partner Age UK, Britain’s largest charity for older people, which also provided support for the PP&AR. This three-part series is designed to develop tangible actions to address the impact of cognitive decline in the design and delivery of financial services, taking account of the latest innovations in science and technology. The first was held in Tokyo in October 2015, and the last one will take place in Philadelphia May 9 and 10.

In my presentation, I discussed what the financial services industry and the health care industry can learn from one another to reduce the risk of elder exploitation, taking inspiration from what the authors of the PP&AR (mostly GSA members) highlighted in their articles.

I suggested that the definition of a health care team could be expanded to include financial services representatives. On the other hand, those working in banks and other institutions must adopt evidence-based tools when trying to detect cognitive impairment with their clients. They should also make these assessments a matter of routine as a way to destigmatize the process. In the end, these institutions must find ways to lower the risk of financial exploitation while also respecting the autonomy of their clients.

It is a positive sign that the world’s leading economic institutions are confronting the impact of aging and cognitive decline on financial decision making. The 2015 White House Conference on Aging’s agenda even featured a representative from Bank of America Merrill Lynch speaking on the subject. GSA is certainly well-positioned to contribute to the ongoing work in this area, largely thanks to our Workgroup on Cognitive Impairment Detection and Earlier Diagnosis (www.geron.org/ci).

It’s truly a global issue; I expect we will see sessions addressing this topic within the program of the 2017 World Congress. And as you can see from the countdown clock below, the time has come to prepare your science for this global audience!

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

Next date to remember: April 1, 2016
Abstract submission period opens
In Memoriam

Catherine S. Murray, PhD, passed away on January 24 at the age of 77. Murray was an associate professor of psychology and the director of graduate gerontology at Saint Joseph's University in Philadelphia. Born in New York City in 1939, Murray was a graduate of Hunter College High School, Barnard College, and the University of Pennsylvania. She was an educator for more than 50 years. Her research interests included gender differences in achievement and the role attributional processes play in such differences.

New Books by Members

• “Improving the Quality of Care in Nursing Homes,” by GSA Fellows Thomas T. H. Wan, PhD, Ning Jackie Zhang, PhD, Gerald-Mark Breen, and Lynn Unruh. Published by Johns Hopkins University Press, 2015.

Members in the News

• The Wall Street Journal interviewed GSA Fellows Becca Levy, PhD, and Manfred Diehl, PhD, for an article published on October 19. The piece, titled “To Age Well, Change How You Feel about Aging,” looked at how negative stereotypes around aging can affect health.

• On December 17, GSA Fellow Stephen Golant, PhD, was featured in a Sun-Sentinel article titled “The Hidden Hungry,” which discussed hunger rates in older adults.

• The Minnesota Star Tribune interviewed GSA Fellow Joseph Gaugler, PhD for an article published on December 20. The piece, titled “New Technology is Aimed at Keeping Dementia, Alzheimer’s Patients at Home,” highlighted a new grant at The University of Minnesota that aims to study how remote sensors work in the homes of older adults.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Marie Boltz, PhD

The recipient, who became eligible after referring new member Jane Flanagan, PhD, 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: Tina Kruger, PhD

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

Epstein-Lubow, Gitlin Appointed to HHS Advisory Council

Gary Epstein-Lubow, MD, and Laura Gitlin, PhD, are two of six new members appointed by Department of Health and Human Services (HHS) Secretary Sylvia M. Burwell to serve on the Advisory Council on Alzheimer’s Research, Care, and Services. The council was established in 2011 and convenes quarterly to continue development and progress on the National Plan to Address Alzheimer’s Disease by HHS, Veterans Affairs, the Department of Defense, and the National Science Foundation to address the disease. The new members will advise the secretary on federal programs that affect people with Alzheimer’s disease and related dementias, and they will serve overlapping four-year terms.

Dawson Earns Fulbright Award to Conduct Research in Canada

Walter Dawson, DPhil, the director of research and analytics at the Oregon Health Care Association, has been awarded a 2015-2016 Fulbright grant to conduct research in Canada. Dawson will serve as a visiting research chair in public policy and governance at McMaster University in Hamilton, Ontario. There, he will complete a research-based comparison of the U.S. and Canada’s long-term services and supports system and investigate how Canadian policies and culture impact its system of caring for aging adults. Dawson is one of more than 800 U.S. faculty and professionals who will travel abroad through the Fulbright Scholar Program in 2015 and 2016 year. He also is part-time lecturer in Portland State University’s School of Community Health Institute on Aging.

Kapp Receives Retirement Research Foundation Grant

GSA Fellow Marshall Kapp, JD, MPH, has earned a grant from the Retirement Research Foundation to help educate current doctors and lawyers in how to better establish interprofessional collaboration and communication for successful older patient/client health-care outcomes — such as when someone’s decision-making capacity is questioned or a Medicare claim is denied. In creating continuing education modules for attorneys and physicians, Kapp said he hopes to lay the groundwork for better individual relationships. Kapp is the director of Florida State University’s Center for Innovative Collaboration in Medicine & Law and a past recipient of GSA’s Donald P. Kent Award.

GSAConnect 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:

• Tracie Harrison, PhD: “I was pleased to see the issue dedicated to women in the military and their needs with aging. I have studied the lives of women with disabilities for over a decade; women who have a prior service history have participated in several qualitative studies that detailed their life course trajectories before and after disability.”

• Aaron Guest, PhD: “Experts and advocates face a communications challenge in convincing the public to fully appreciate the restorative and salutary benefits of urban nature, the report concludes.”

March 2016 • gerontology news • 3
Dementia Care Network Sharing
Formula for Success

You have likely heard or read about the John A. Hartford Foundation Change AGEnts Initiative, a program managed by GSA (changeagents365.org). The Change AGEnts are researchers, practitioners, and educators who are committed to improving the health care and quality of life for older adults through practice and policy change.

This month, I wanted to share with you what I believe is a great story about a practice and policy change making progress through the efforts of the Dementia Caregiving Network (DCN). The DCN is one of the areas of concentration within the Change AGEnts Initiative. It’s a story about a different kind of advocacy than the legislative work I typically recount. It relates to state and federal level regulatory or administrative change as well as health system change.

The DCN is trying to replicate a successful health care model developed by one of its members by working through federal and state level avenues to see it adopted in other states. First, some background on the practice change model.

The Duals Demonstration Projects

The Affordable Care Act, also known as Obamacare, created opportunities to fund innovative health care delivery models through demonstration projects and pilots funded by the Centers for Medicaid and Medicare Services (CMS). Under the auspices of the Medicare-Medicaid Coordination Office, one such demonstration project — the Financial Alignment Initiative — is testing a model of coordinated care to provide health care for the population of dually-eligible individuals. “Duals,” as they are called, are those low-income older adults and chronically disabled individuals who receive health care through both the Medicaid and the Medicare programs.

The dually-eligible population is an important group to target because of the disproportionately high cost for their care compared with other groups. For example, duals make up less than eight percent of the 120 million people enrolled in Medicare and Medicaid, but account for 35 percent of all the money spent by both programs. Finding a way to successfully control costs in this population will be an important breakthrough for both programs. The Duals demonstration aims to show whether concentrating on care coordination can improve care and reduce costs for duals.

CMS entered into contracts with 13 states and health plans within the states (called three-way contracts) to implement demonstrations using one of two possible financing mechanisms, either capitated managed care or managed fee-for-service. Coordinated care is the hallmark of both these types of duals demonstrations. Another element is emphasis on a person-centered process wherein the preferences and needs of the individual beneficiary drive the care being given. The demonstrations will show whether these different financing mechanisms and the emphasis on care coordination between medical and long-term care can deliver quality care with lower costs and high consumer satisfaction (e.g., the right care, at the right time in the right place).

The California Duals Demonstration

Our story really begins in California which is one of the states with a duals demonstration. The three-way contract between CMS, the state of California, and the participating health plans contains a provision that specifies that each health plan is required to have a dementia care specialist. It is the only three-way contract in the country with this type of provision. This alone is a major feat of advocacy. The aim is to improve care for people with dementia and provide greater support and assistance for their family caregivers by ensuring that care coordinators are appropriately trained in dementia care.

In California, Alzheimer’s Greater Los Angeles (formerly the California Southland chapter of the Alzheimer’s Association) had already developed a dementia care training protocol. Through an application submitted by the California Department of Aging, they received funding from the U.S. Administration on Community Living’s (ACL) Alzheimer’s Disease Supportive Services Program to create a better coordinated system of care for people with dementia by training care coordinators in the California duals demonstration, advocating and providing technical assistance to the plans, and educating family caregivers. The California duals demo is called Cal MediConnect and the Alzheimer’s training program is called Dementia Cal MediConnect.

The Dementia Cal MediConnect care manager training program has three parts: an eight-hour face-to-face training for Care Managers, an expanded training for Dementia Care Specialists, and monthly telephonic clinical huddles. In addition, Alzheimer’s staff in the south and north of the state participate in stakeholder meetings and health plan advisory committees and work with health plan leadership to promote the needs of this population with key advocacy messages such as “only 50 percent of people with Alzheimer’s ever get diagnosed so they don’t get appropriate care” and “family caregivers must be identified, assessed and supported as they are the backbone of our long-term care system.” With the ACL funding and additional funds provided by the health plans, nearly 300 Care Managers have been trained, 36 Dementia Care Specialists have been trained (for eight health plans), and nearly 500 family caregivers have attended educational programs.
How did a good training tool and an idea that the duals demo offered an opportunity to change care practice come together as a national model? Well, the connection between the DCN and the Dementia Cal MediConnect project and the key to its success is change AGEnt Debra Cherry, PhD, vice president of Alzheimer's Greater Los Angeles. In her role at Alzheimer's Greater Los Angeles, Cherry oversees program development and foundation, government, and scientific relations. By the way, because of her success in developing programs for people with dementia and their families, Cherry received the 2008 Rosalynn Carter Caregiving Award, granted by the Rosalynn Carter Caregiving Institute for Human Development to “recognize an individual for leadership and innovation in caregiving.”

Success in California

It takes a great deal of skill and patience to work with a fragmented health care system and produce consistently better outcomes. Health plan providers in the California duals demonstration needed to play supportive roles if the demo was to succeed. Cherry's formula for securing help from the key players to implement dementia training for their care coordinators included several advocacy “levers” that were strategically pressed:

- Cultivation of state level champions in key state government offices;
- Cultivation of champions at each health plan;
- Development of a business case for presentation to the health plans;
- Clear and redundant messaging about Alzheimer’s disease and related dementias and caregiving;
- Presence at stakeholder meetings on the state, county, and health plan levels; and
- Development and implementation of a high quality training program that created positive buzz.

Cherry also used the expertise and value of the DCN in her education and advocacy groundbreaking endeavor. Under the leadership of DCN co-chairs (and Change AGEnts) Nancy Wilson, MA, MSW, and Alan Stevens, PhD, an idea for greater impact was envisioned: to replicate the dementia care specialist/care manager training and advocacy strategies for the other state duals demonstrations. Could an advocacy plan similar to the one Cherry used in California be put in place nationally? Were other demonstrations open to change or even to sharing their results? Strategies to enlist the support of all the necessary stakeholders have been discussed.

The DCN’s positive response included plans for taking the Dementia Cal MediConnect show on the road. Possible states for replication include Texas, South Carolina, and Rhode Island. Cherry pointed out that the “State leadership has been critical to the success of California's Dementia Cal MediConnect project. Championship at this level opens the doors of critical partners in state government and health plan leadership.”

Using Cherry's concept of advocacy levers, an idea to develop a toolkit has emerged that would provide a template for the multi-pronged effort that will be needed in the different states. The toolkit will likely include an expanded business case, resources for addressing the screening and diagnosis of dementia, strategies for identification and involvement of caregivers, sample dementia capable care plans, and resources and referrals.

Another aspect of the plan requires expanding California’s business case document to include data on potential cost savings for improved management of comorbid health conditions. The business case addresses the issue of why a state Medicaid office and the health plans involved in the duals demonstration should target Alzheimer’s disease and related dementias in the face of all of the other health issues and chronic diseases for which they provide care.

In January 2016, the DCN and GSA convened a meeting of stakeholders representing federal, state, health plans, and community organizations to explore the interest, feasibility, and support for the advocacy plan. This event was titled “Advancing Dementia Care: Where to Go with Promising Practices from the Duals Demonstrations.” Twenty-six people attended, representing CMS, the ACL, three health plans, AARP, the Alzheimer's Association, other community-based organizations, academia, GSA, and the John A. Hartford Foundation. There was unanimous support for the advocacy effort and many ideas and strategies for moving forward. As a participant, I noted that without a hard sell, the group validated that good data and outcomes actually still have an important role in the policy world.

The following day, Cherry and a small group of DCN members made use of the momentum to bring staff of the MMCO up to date (and on board). The deputy director and the health insurance specialist of the Models, Demonstrations, and Analysis Group were present, as were two regional office staff by phone. The director of the Federal Coordinated Health Care Office offered to connect Cherry and the DCN with state health plan leaders. This is a significant step because networking at this level (supported by CMS) is very beneficial for such an advocacy effort.

As one would expect, Cherry and the DCN do all mundane but important follow-up at each stage of this long process, with “thank you” letters, meeting summaries, next step lists, and regular communications with the key stakeholders so that no one is left behind. All this is especially helpful, as participants exchanged resources and ideas right away while the momentum is strong and people are engaged. At this point, Cherry and the DCN members have developed a detailed follow-up table which lists actions and next steps and designates the lead for each task.

While this advocacy effort is still ongoing, the story illustrates the critical steps involved. There must be a vision and a strategy, there must be a way to convey a sense of urgency (hence the business case document Cherry created), and there must be concrete steps taken and relationships built along the way with the different stakeholders involved. This “Advancing Dementia Care in the Duals Demonstration” advocacy effort is still a work in progress, but it already has many of the key elements needed for success. We don't know if or when the other dual demo states or non-demo states will adopt the California model, but I know that this story provides a model that some of us can use to move our own change projects forward.
Continued from page 1 - GSA Presidential Candidates Issue Statements

**Ekerdt Continued** returning value for members’ investment, creating first-rate scientific and scholarly exchanges, building professional networks, advocating for research funding, and offering volunteer opportunities that are rewarding.

As GSA evolves, so we must also mentor its next generation of leaders, because everyone is eventually a gerontologist.

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

**Hess Continued** international participation and partnership in our meeting and in the society.

The focus on mentoring is another strength of our society. I am committed to building on existing programs, and promoting new ways to involve young scholars as we train the next generation of gerontologists.

Finally, I hope to build on recent innovative efforts by the society aimed at developing ties with business and industry.

**Thomas M. Hess, PhD,** is a distinguished professor of psychology at North Carolina State University, and a faculty member and former coordinator of the graduate program in lifespan developmental psychology. He received his BS from The Pennsylvania State University, PhD from Southern Illinois University at Carbondale, and postdoctoral training at the Duke Center for the Study of Aging and Human Development. Hess is a fellow of GSA, the American Psychological Association, the Association for Psychological Science, and the Psychonomic Society. He served as chair of GSA’s Behavioral and Social Sciences Section, editor of the Journal of Gerontology: Psychological Sciences, chair of the GSA Publications Committee, and member of the GSA Task Force on Publications. He is a member of the editorial boards of four gerontological journals, has served as a member on several National Institutes of Health study sections, and chaired the NIH-SPIP study section. Hess’s research — National Institutes on Aging-supported for 30+ years — examines cognitive functioning in later life, with a specific focus on motivation, decision making, and the impact of age-related stereotypes on behavior. He has published 90+ journal articles and chapters, and edited/co-edited four books, most recently “Aging and Decision Making: Empirical and Applied Perspectives.”

Ballots for the election of GSA’s next officers were sent by e-mail to all members on March 1. 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.

Continued from page 1 – GSA Welcomes Maslow as Visiting Scholar

organization is conducting with and for its members to advance research, education, and practice in the field of aging.”

Prior to joining GSA, she was a scholar-in-residence at the Institute of Medicine, where she directed a series of meetings on care for people with advanced dementia and participated in studies of geriatric mental health and cognitive aging. She previously worked for 15 years for the Alzheimer’s Association directing practice, research, and policy initiatives to improve the quality, coordination, and outcomes of health care and long-term services for people with Alzheimer’s and other dementias and their family caregivers. She additionally directed the association’s initiatives on hospital care and managed care for people with Alzheimer’s and other dementias and co-directed its multi-site demonstration project, Chronic Care Networks for Alzheimer’s Disease.

From 1983 to 1995, Maslow was a policy analyst and senior associate at the U.S. Office of Technology Assessment, a congressional research agency, where she worked on congressionally requested studies on aging, Alzheimer’s disease, long-term care, end-of-life care and care management.

She has served on numerous government and non-government advisory panels on aging, Alzheimer’s disease, dementia, and family caregiving. She is currently participating in the John A. Hartford Foundation Change AGEnts Dementia Caregiving Network and the GSA Workgroup on Cognitive Impairment Detection.

Maslow is the second person to participate in the Visiting Scholar Program. GSA Fellow Ning Jackie Zhang, PhD, served on the staff during the 2011–2012 academic year, focusing on the Society’s Asia Initiative.

The program is ideally suited for faculty taking a sabbatical leave from his or her institution; the length of service can be dependent on the member’s schedule. It is designed to provide members with the opportunity to advance GSA initiatives related to their professional interests; combine their research projects with GSA’s programmatic needs; view the aging research enterprise through the lens of the larger Society; and broaden their professional network. For further information, contact GSA Senior Director of Professional Affairs Patricia D’Antonio at pdantonio@geron.org.
Journal Article Rejection: Why it Happens and What to Do About It

By Lindsay Peterson

It seems that a fact of life for everyone in academia, students, and professors alike, is peer review rejection. The numbers vary, but some journals reject 70 percent (or more) of all the articles they receive, either immediately or after review. Your advisers and colleagues will tell you not to take it personally, but it can still be painful and frustrating, especially when it's unclear why the article was rejected.

Here are some reasons why journals reject articles — and potential solutions — based on colleagues’ experience and Wendy Laura Belcher’s guide, “Writing Your Journal Article in 12 Weeks.”

Problem: Narrow focus

While you don’t want your article to be too broad — you need to have a point and stick to that point — if you focus too tightly, editors may comment that the article is not of interest to enough of their readers.

Solution

Succinctly explain the relevance of your work to a larger problem, or put it in the context of a larger debate that is within the purview of your target journal. Also become familiar with the journal’s audience, and the thrust of its articles. What is too technical or narrow for one journal may be appropriate for another. Don’t assume, however, that a journal’s readers will have detailed knowledge of your work. Provide enough background for an intelligent reader to grasp its significance.

Problem: Lack of originality

Journal readers are usually well aware of past research and are looking for “new knowledge” in their fields.

Solution

Be familiar with the latest peer-reviewed research on your topic, which can mean continually checking, even throughout the revise and resubmit stage. And while you need to provide a review past research as it relates to your topic, clearly specify how your work advances that past research. In every section where you can — methods, analysis, etc. — explicitly state what is unique or original about your work.

Problem: Lack of significance

Solution

Again, clearly and explicitly state why your work matters and to whom. Explain its implications. Point out, if applicable, that no one has written on your particular topic or has analyzed it in the way you have. If it fills a gap noted by previous research, highlight that.

Problem: No argument

Belcher highlights this as the main reason for rejection. The editor or reviewer may say an article is not suitable for the journal’s audience or is not sufficiently original, but according to Belcher, the underlying reason is often that the author didn’t make a persuasive argument. That is, the author didn’t explicitly state what the research proposed to find (the hypothesis) and what the research-based evidence showed related to that hypothesis.

Solution

Think about the difference between a topic and an argument. Here’s a topic: “This purpose of this article is to understand the effect of cognitive training on adults with heart failure.” Here’s an argument: “This article hypothesizes that cognitive training improves processing speed for adults with heart failure.” It is basically a statement that a reader can agree or disagree with. Overall, it’s the author’s job to not only state the argument, but to show why it’s worth investigating, and what the present research shows concerning its validity. Every piece of background and evidence and every observation should relate to your overall argument. If you want to read more about making a strong argument, Belcher recommends “The Craft of Argument” by Joseph M. Williams and Gregory G. Colomb.

Another must-have book for those who want to improve their writing overall is “The Elements of Style” by W. Strunk Jr. and E.B. White. It’s a classic. And it’s brief.

For more tips, be sure to access the ESPO Professional Development Webinar Series Archive for the February 2014 installment, “Increasing the Odds the Your Manuscript will be Published,” available at www.geron.org/webinar.
AGHE Honors Distinguished Individuals

The Association for Gerontology in Higher Education (AGHE) recognized its newest elected officers, fellows, and awardees at its recent 42nd Annual Meeting and Educational Leadership Conference in Long Beach, California. This event, which welcomed approximately 400 attendees, took place from March 3 to 6 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 “Developing Educational Leadership in Gerontology.” The next AGHE meeting will take place in Miami, Florida, from March 9 to 12, 2017. The abstract submission period is expected to open April 15; stay tuned to www.aghe.org for details.

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

Treasurer-Elect
Dana B. Bradley, PhD, Western Kentucky University

Secretary
Karen F. Kopa-Frye, PhD, University of Louisiana at Monroe

Members-at-Large
Cynthia R. Hancock, PhD, University of North Carolina Charlotte
Rona J. Karasik, PhD, Saint Cloud State University
Birgit Pianosi, PhD, Huntington University

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

Jan Abushakrah, PhD, Portland Community College
Kelly G. Fitzgerald, PhD, Western Kentucky University
Kelly Niles-Yokum, PhD, University of La Verne

Awardees
Clark Tibbitts Award
Presented to Case Western Reserve University
Friday, March 4, 4:30 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 Jan Abushakrah, PhD, Portland Community College
Saturday, March 5, 8:30 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.

Administrative Leadership Award
Presented to Pinchas Cohen, MD, University of Southern California
This award, honors administrators on AGHE member campuses who have made exceptional efforts in support of gerontology or geriatrics education.

Mildred M. Seltzer Distinguished Service Recognition
Presented to Lynne G. Hodgson, PhD, Quinnipiac University; Sheldon E. Steinhauser, Honorary DPS, Metropolitan State University of Denver; Bob G. Knight, PhD, University of Southern California; Barbara Gillogly, PhD, American River College; and Leslie A. Morgan, PhD, University of Maryland, Baltimore County
Friday, March 4, 5:30 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 Ariadne Meiboom (MD, PhD student), VU University Medical Center Amsterdam; Chantal Diedrich (MD, PhD student), VU University Medical Center Amsterdam; Henk de Vries, MD, PhD, VU University Medical Center Amsterdam; Cees Hertogh, MD, PhD, VU University Medical Center Amsterdam; and Fedde Scheele, MD, PhD, VU University Medical Center Amsterdam, for “The Hidden Curriculum of the Medical Care for Elderly Patients in Medical Education: A Qualitative Study”
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 Elizabeth M. Zelinski, PhD, University of Southern California
Friday, March 4, 8:30 a.m.
This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

Part-Time Faculty Honor
Presented to Gregory D. Bearce, MBA, MAG, University of Southern California
Friday, March 4, 5:30 p.m.
This award recognizes part-time and/or adjunct faculty for their contributions to gerontological education at an AGHE member institution.
Journal Shares Discoveries on Women Veterans’ Long-Term Health Outcomes

A new supplemental issue of *The Gerontologist* contains 13 articles by Veterans Affairs (VA) researchers and colleagues looking at differences in aging and mortality between veteran and non-veteran women.

The findings are taken from the Women’s Health Initiative (WHI), a long-term study funded by the National Institutes of Health’s National Heart, Lung, and Blood Institute and begun in 1991. The study included more than 3,700 women veterans among nearly 162,000 postmenopausal women from 40 centers across the U.S. WHI researchers collected data on health status, disease, health behaviors, and social and psychological factors, following the women for more than two decades.

Gayle Reiber, PhD, MPH, a senior career scientist at the VA Puget Sound Health Care System, and Andrea LaCroix, PhD, MPH, professor and chief of epidemiology at the University of California, San Diego, and a senior investigator at the WHI Clinical Coordinating Center, worked with 60 VA and non-VA researchers to compare health and mortality between veterans and non-veterans in the sample.

“The women veterans in WHI have taught us that prior military service identifies a group of women who face special challenges as they grow older,” said LaCroix. “With women choosing to serve our country in greater numbers and expanded roles including combat, it is essential to learn about their healthcare needs after leaving service now and in the future.”

Among the findings:

- Women veterans reported lower levels of self-perceived health, life satisfaction, social support, physical function, and quality of life.
- Women veterans and non-veterans were similar at baseline in mental function tests, but declines in cognitive function over time were greater in the veteran group.
- Women veterans experienced higher hip-fracture rates than non-veterans, but this was not the case for other types of fractures.
- Women veterans smoked more and were exposed to more passive smoke, which resulted in a greater risk for lung cancer.
- All-cause mortality rates were higher for veterans, but only for those serving before the Vietnam era.
- Women veterans serving before the Vietnam era experienced more cancer, relative to non-veterans, whereas those serving during or after Vietnam had more traumas from motor vehicle accidents or other causes.

The researchers said the findings, on the whole, suggest that many women veterans could benefit from programs promoting physical activity, social connections, healthy weight, and smoking cessation. The researchers also stressed the importance of evaluation for depression.

The VA’s Office of Women’s Health leads efforts within the agency to identify women Veterans’ health-related needs and improve their health care.

Reiber said there are several reasons why health outcomes may differ between veteran and non-veteran women as they age. The “healthy soldier effect” — the notion that military populations tend to be healthier in general than their non-military counterparts — may be offset by other factors, she explained.

“Women veterans were considered ‘healthy soldiers,’ since joining the military meant passing a variety of tests — education, aptitude, physical ability, mental function. It also meant maintaining physical fitness, and receiving health care,” Reiber said. “Yet women veterans may have been more likely to engage in health behaviors such as smoking, alcohol use, and poor diet, and this, combined with exposure to hazardous environments and mental and physical stress, may have limited their ability to adapt to repeated stresses over the lifetime.”

Reiber added that while the authors “cannot pinpoint all of the reasons for health differences among women Veterans compared with non-Veterans, these findings do identify ways to improve health and health care for this special group of older women.”
Mercer Acquires Positive Ageing Company

Mercer, a global consulting agency focused on advancing health, wealth and careers, announced in February that it has acquired the Positive Ageing Company, which is a U.K.-based independent advisor on issues surrounding the aging workforce. The firm's objective is to help employers and employees manage the financial, care, and health impact of ageing. The company's noted AgeingWorks platform is a digital health, wellbeing and eldercare resource. It provides employees with comprehensive information, support, tools, and resources helping them deal with their own personal aging issues and those of their loved ones. “Mercer’s Ageing Workforce Research showed that 84 percent of companies know that they need to change how they respond to the challenges posed by an ageing workforce. However, there is still much inactivity — many firms are simply unsure how to take the first step,” said Fiona Dunsire, Mercer’s U.K. CEO and market leader. “The Positive Ageing Company will support employers in taking that first step. The company is a true disruptive innovator providing employees with vital information on a wide range of topics and relaying information on employee needs back to the employer.” According to Tony Wood, partner and U.K. head of Mercer Marsh Benefits, “It is estimated that one in three of the UK workforce will be over the age of 50 by 2020 and one in every 9 workers will be a caregiver, so the personal and business impact of ageing and caring for an increasingly elderly population will continue to grow. This acquisition and the knowledge that it brings to Mercer will be invaluable for our clients.”

Financial Industry Coping with Issues of Elder Exploitation, Cognitive Decline

Protecting the wealth of older adults should be a high priority for banks, insurance companies, and others, according to the latest edition of GSAs Public Policy & Aging Report (PP&AR). Elder financial exploitation and diminished financial capacity resulting from age-related cognitive impairments both pose major economic threats, the issue finds. The authors, representing the top experts on these topics from the U.S. and the U.K., examine recent efforts to detect, prevent, and intervene in these cases.

Support for this PP&AR was provided by Age UK. It was released in conjunction with the World Economic Forum’s symposium on Ageing, Cognitive Decline and Impact on Banking and Insurance, also hosted by Age UK in London on February 3 and 4.

“The problem is complex, but it is also a problem that unquestionably exists and is assuming remarkably large personal, monetary, and social dimensions,” state PP&AR Editor-in-Chief Robert B Hudson, PhD, and Age UK Head of Research James Goodwin, PhD, in the issue’s opening editorial. “Elder financial abuse involves millions of individuals and billions of dollars. It damages health, harms wellbeing, and arguably costs lives.”

As cited in the PP&AR, overall household wealth in the U.S. in 2009 was estimated at $53.1 trillion, and the amount of wealth currently held in older adult households amounts to $18.1 trillion. Elder financial exploitation, called “the crime of the 21st century” by the MetLife Study of Elder Financial Abuse, cost older Americans at least $2.9 billion in 2010.

“In a very real sense, a huge portion of U.S. wealth is at risk due to the progressive decline of financial skills of the older adult age group,” writes Daniel Marson, PhD, JD, in one of the PP&AR’s articles. “Thus ironically, the age group that has amassed the most wealth over the longest period of accumulation is simultaneously at the greatest risk of financial self-impoverishment and exploitation by others.”

Marson, who will deliver a keynote address at the London symposium, looked at elder financial abuse prevention through the lens of neuroscience. He concluded that, with continuing research, scientists will be able to determine how aging impacts decision making within the brain.

“This knowledge will help scientists to develop predictive models and algorithms for the detection of diminished financial capacity in older adults, which in turn can initiate timely interventions to protect vulnerable elders from such abuse well before it occurs,” Marson writes.

Similarly, an article from Peter Lichtenberg, PhD, ABPP, reports on a new financial decision-making screening scale that he and his colleagues have developed that can be administered by any professional working with older adults. Initial tests found that the scale differentiated those with capacity (as judged by frontline professionals) from those without capacity, and differentiated those with substantiated financial exploitation from those with unsubstantiated claims.

“The banking industry can improve its interactions with older adults by creating proactive planning programs, recognizing signs of cognitive impairment, dementia, and financial exploitation and by learning new methods of assessing financial decision-making abilities,” Lichtenberg states. “There is a need for real-time assessments and interventions if financial exploitation and decisions made by older incapacitated persons are to be curbed.”

Other articles in the PP&AR discuss ongoing efforts within financial institutions. Ronald Long, JD, provides one of the first reports on Wells Fargo’s Elder Client Initiative, which assists the firm’s financial advisors in addressing third party abuse of its clients. In another piece, Sarah Lock, JD, describes AARP’s Age-Friendly Banking Initiative, which it is conducting in conjunction with the American Bankers Association Foundation. This program is intended to provide information and education on these issues for consumers, bankers, and financial caregivers. Lock also highlights the topic of bank employees and financial advisors struggling with balancing customer protection with customer privacy and liberty.
Plug into MENTOR MATCH

Energize yourself and your profession when you mentor—or are mentored—through GSAConnect

Energy Flows Freely
Become a Mentor or Mentee to continue leading and learning, share knowledge and achieve goals to enhance your career.

Make a Strong Connection
Expand your professional network as you interface with a diverse international pool of experts while broadening your scope of knowledge.

Spark the Future
Growth through interdisciplinary interaction bridges the gap between research, care, and practice as you advance and give back to your field.

Get Connected.
Plug into the mentoring experience. Enroll as a mentor or mentee today! Visit connect.geron.org/mentoring.

Mentor Match is supported by The Mentoring Effect, a special project of the GSA Innovation Fund.
RAND is pleased to announce the 23rd annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 11-14, 2016. The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 11-12) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 13-14). 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 2016 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 Employer Minorities/Females/Vets/Disabled

NIH Grants to Bolster Small Business Development

The National Institutes of Health (NIH) is encouraging applications from small business concerns (SBCs) to the newly authorized Commercialization Readiness Pilot (CRP) program. The NIH Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs have provided the small business community with critical seed funding to support the development of a wide variety of technologies that benefit society. The main objective in SBIR/STTR Phase I is to establish the technical merit and feasibility of the proposed research and development (R&D) efforts, whereas in SBIR/STTR Phase II and Phase IIB it is to continue the R&D efforts to advance the technology toward ultimate commercialization. At the conclusion of an SBIR/STTR Phase II or Phase IIB award, it is expected that the SBC will fully commercialize their product or technology using non-SBIR/STTR funds in Phase III. This funding opportunity aims to facilitate the transition of previously funded SBIR and STTR Phase II projects to the commercialization stage by providing additional support for technical assistance not typically supported through Phase II or Phase IIB grants or contracts. This may include preparation of documents for a Food and Drug Administration submission, development of an intellectual property strategy and/or planning for a clinical trial. Although a significant amount of the work in a CRP award may be subcontracted to other institutions, the SBC is expected to maintain oversight and management of the R&D throughout the award. The next available submission due date is April 5. Review details of this funding opportunity at 1.usa.gov/1Rp2N2n.

Aging Pulmonary System is Focus of NIH Funding

A new funding opportunity announcement from the National Institutes of Health is soliciting research project grant applications that explore age-associated changes in pulmonary physiology, pathology, and function, and their relationship to respiratory conditions and diseases that occur commonly in older populations. The goal of this opportunity is to augment basic, clinical, and translational research to address physiological mechanisms underlying progressive functional declines in the pulmonary system. Such research can likely enhance basic understanding of molecular and cellular aspects of pulmonary aging, which may translate into improvements in the prevention and management of pulmonary diseases in older persons. The next available application due date is June 5; this funding opportunity expires in September. Additional information can be found at 1.usa.gov/1PliM8D.
**ADVERTISE WITH US!**

This newsletter reaches GSA’s 5,500 members both in print and online.

Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging.

See the current rates at [www.geron.org/advertising](http://www.geron.org/advertising).

---

**Cornell's Translational Research Institute on Pain in Later Life (TRIPLL) presents**

**Mobile Health, Pain & Aging**

*a free monthly webinar series*

**March 21st | 12pm-1pm EST:** Putting Behavioral Treatments for Pain Online: Evidence and Lessons, Christopher Eccleston, PhD, The University of Bath

**April 25th | 3pm-4pm EST:** Improving Self-Management Support for Chronic Pain via Mobile Health Tools, John Piette, PhD, University of Michigan

**May 23rd | 3pm-4pm EST:** A Design Research Approach to Geriatric Care, George Edward Torrens, PhD, and Tom Page, PhD, MPhil, Loughborough University

**June 27th | 3pm-4pm EST:** The Ins and Outs of Building mHealth for Older Adults, Kelly Grindrod, PharmD, MSc, University of Waterloo

Register at goo.gl/zgpy1V or contact zsg2001@med.cornell.edu

---

**RRF Announces Next Grant Deadline**

Through a responsive grants program, The Retirement Research Foundation (RRF) supports direct service, advocacy, and education and training programs for professionals working with elders, as well as research to seek causes and solutions to significant problems of older adults. The RRF currently is seeking proposals for locally focused direct service and advocacy projects from organizations based in seven states: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects of national relevance are considered from organizations located anywhere in the U.S. The proposal application deadline is May 2. Visit [www.rrf.org/grants/responsive-grants](http://www.rrf.org/grants/responsive-grants) for further details.

**NIA Will Aid Clinical Trial Planning**

The National Institute on Aging (NIA) has issued a funding opportunity announcement to support the planning activities needed for the successful execution of clinical trials and clinical research projects, including protocol, manual of procedures, data collection forms, and data and safety monitoring plan development as recommended by the NIA Clinical Research Study Investigator’s Toolbox. Letters of intent are due May 16. To read more about this opportunity, go to 1.usa.gov/1Ra9P8s.

**NIH Monies Slated for AIDS Research**

Several agencies within the National Institutes of Health (NIH) are inviting applications for center core grants to support centers for AIDS research (CFAR) as either standard CFARs or developmental CFARs (D-CFARs). CFAR and D-CFAR cores provide infrastructure and promote basic, clinical, behavioral and translational HIV/AIDS research activities at institutions that receive significant HIV/AIDS funding from NIH institutes or centers. CFARs and D-CFARs should foster synergy and improve coordination of research, support emerging research opportunities, and promote efficiencies through resources shared by multiple independent laboratories. CFARs and D-CFARs are intended to promote all HIV/AIDS research efforts at CFAR institutions. D-CFARs provide support to assist investigators in the development of a competitive standard CFAR. The program emphasizes interdisciplinary collaboration, especially between basic and clinical investigators, translational research between the laboratory and the clinic, inclusion of investigators from diverse backgrounds, and inclusion of prevention and behavioral change research. The last application due date for this grant is July 28. Visit 1.usa.gov/211cI3q for further details.
New Guide Focuses on Perioperative Care

A new collaborative best practices guideline has been released for optimal care of older adults immediately before, during, and after surgical operations — a timeframe known as the perioperative period. The new consensus-based guideline was developed by the American College of Surgeons National Surgical Quality Improvement Program and the American Geriatrics Society’s Geriatrics-for-Specialists Initiative, with support from The John A. Hartford Foundation. “Optimal Perioperative Management of the Geriatric Patient: A Best Practices Guideline” has been published online on the Journal of the American College of Surgeons website at bit.ly/1OH16ZW. This new resource addresses the perioperative care of all surgical patients 65-years-old and older as defined by Medicare regulations. The guideline provides a framework for thinking about the complex issues these patients face since they are more prone to experience postoperative complications and prolonged recovery with advanced age. The American College of Surgeons Geriatric Surgery Task Force developed the guideline with an expert multidisciplinary panel, which evaluated current evidence and best practices in the medical literature to arrive at a set of expert recommendations targeting surgeons, anesthesiologists, and allied health care professionals who work with older adults. The perioperative guideline is organized into three distinct sections and addresses multiple issues that need to be considered when caring for older adults facing surgery. A final section of the document guides clinicians in managing transition to care following surgery and provides helpful appendices on a wide range of important issues, from advance directive position statements to perioperative risk factors for delirium.

Administration Releases Final Report for 2015 Conference on Aging

The final report for the 2015 White House Conference on Aging that summarizes the work of the 2015 year was recently released. In a year that marked the 50th anniversary of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security, the White House Conference on Aging provided an opportunity to reflect on the importance of these programs, highlight new actions to support Americans as they age, and focus on the powerful role that technology can play in lives of seniors in the decade ahead. The sixth White House

---

**Unique Opportunity for Professionals in Health and Aging**

*Health and Aging Policy Fellows Program 2016/17 - Call for Applications*

**About the Program**

We invite physicians, nurses, social workers, psychologists, healthcare administrators, epidemiologists, economists, and other professionals (from junior to senior levels) with a strong commitment to health and aging issues to join the next class of Health and Aging Policy Fellows (2016-17). Candidates from underrepresented groups are strongly encouraged to apply.

The program aims to create a cadre of leaders to serve as change agents in health and aging policy. Fellows are placed in congressional, executive or other settings and work on key policy issues. The year-long fellowship offers a unique training and enrichment program that incorporates mentorship by senior national policy leaders, policy analysis and communication skills development, and professional networking opportunities to provide fellows with the experience and skills necessary to positively affect health care policy for older adults.

The Atlantic Philanthropies and the John A. Hartford Foundation provide core funding for the program and we have partnerships with the Hartford Center for Gerontological Nursing Excellence, the Veterans Health Administration as well as multiple agencies within the HHS and other federal agencies.

**New** - We recently launched two additional innovative tracks and encourage interested candidates to review our website.

1) Policy/Advocacy at the Community Level: this fellowship track is aimed at candidates working in non-academic settings at the community or state level in the US who are actively engaged with their community around aging and health policy.

2) Global Health and Aging Policy: this track is aimed at candidates with a strong interest in global health policy and the global shift in demographics and related policy implications.

**Application – Key Dates**

Submission deadline: April 15, 2016
Notification of finalists to be interviewed: mid-May
Interviews and selection of fellows: mid-June

*For further information please visit our website at www.healthandagingpolicy.org and/or contact: Harold Pincus, MD (pincush@nyspi.columbia.edu) or Kathleen Pike, PhD (kmp2@cumc.columbia.edu)*
Conference on Aging, which President Obama hosted on July 13, was informed by a year of pre-conference activities and conversations that allowed a broad range of stakeholders to provide substantial input. At the conference, the Administration announced a number of new public actions and initiatives across the government and across the country to help ensure Americans have increased opportunity and ability to retire with dignity; that older adults enjoy the fullest physical, mental, and social well-being; that older adults can maximize their independence and ability to age in place; and that elder abuse and financial exploitation is more fully recognized as a serious public health challenge and addressed accordingly and effectively. View the full report at www.whitehouseconferenceonaging.gov/2015-WHCOA-Final-Report.pdf.

PRB Report: Boomers to Face Caregiving, Obesity, Inequality Challenges
A new report from the Population Reference Bureau (PRB), titled “Aging in the United States,” examines recent trends and disparities among American adults ages 65 and older, and how baby boomers born between 1946 and 1964 will reshape America’s older population. In 2016, baby boomers will be between ages 52 and 70. The report notes that the number of Americans ages 65 and older is on course to more than double from 46 million today to more than 98 million by 2060, while the 65-and-older age group’s share of the total population will rise to nearly 24 percent from 15 percent. PRB observes that baby boomers are living longer than previous generations. They also have, on average, higher levels of education and more work experience, which bode well for their economic security in old age. But potential problem areas are coming into focus and include obesity rates among older adults, a higher divorce rate compared with previous generations, economic gaps between older adults in different racial/ethnic groups, and a rise in the number of Americans living with Alzheimer’s disease, which could nearly triple by 2050 to 14 million from 5 million in 2013. The authors point out that lower-income households headed by older adults rely on Social Security for the majority of their income, while higher-income older households rely on a mix of Social Security, earnings, and asset income. For more information, read the full report at www.prb.org/Publications/Reports/2015/unitedstates-population-bulletin.aspx.

GSA AWARDS NOMINATIONS
Due May 1, 2016
Nominate an outstanding colleague for their contributions to the field today!

GSA Awards
- Recognize leadership in gerontological teaching and service
- Focus attention on new developments in the area of aging

The variety of awards available reflect the multidisciplinary breadth of the Society’s membership. Some awards honor outstanding achievement in gerontology irrespective of discipline, while other awards are focused on each of the Society’s four sections or disciplines.

Honor the extraordinary - visit www.geron.org/membership/awards for the link to the nomination form and more information. The deadline is May 1.
SAVE THE DATE

NEW LENS ON AGING:
Changing Attitudes, Expanding Possibilities

2016 ANNUAL SCIENTIFIC MEETING

NOVEMBER 16-20, 2016 | NEW ORLEANS, LA
NEW ORLEANS MARRIOTT
SHERATON NEW ORLEANS
WWW.GERON.ORG/2016

BE A PART OF THE MOST INTERDISCIPLINARY
AND SCIENTIFIC-RICH MEETING IN THE
AGING FIELD.

Dynamic and Inspiring Keynote Speaker | DAVID BORNSTEIN

David Bornstein is a journalist and author who focuses on social innovation. He co-authors the Fixes column in The New York Times Opinionator section, which explores and analyzes potential solutions to major social problems.

Where Y’at? | NEW ORLEANS!

A timeless city with a unique way of life that is steeped in European traditions and Caribbean influences. The restaurants, the music, the people, the soul – they all have something intangibly wonderful.

ANNENBERG CENTER FOR HEALTH SCIENCES
AT EISENHOWER

This Continuing Education activity is jointly provided by The Annenberg Center for Health Sciences at Eisenhower and The Gerontological Society of America.

SUBMIT YOUR ABSTRACT AT GERON.ORG/ABSTRACTS BY MARCH 15, 2016.