GSA Presidential Candidates
Issue Statements

S. Michal Jazwinski, PhD
My first GSA meeting was in 1985; I thought I was in Chalmun’s (“Star Wars”) Cantina with its diverse array of unusual and incomprehensible characters. This was this biologist’s first exposure to multidisciplinary science. The tables were turned when I went to my first Gordon Research Conference on the Biology of Aging a couple of years later. I was the alien this time trying to convince that you can study aging using baker’s yeast.

My research has grown since, nurtured by the many vantage points from which one can perceive aging, working with psychologists, clinicians, and others to understand human aging. GSA contributed greatly to my growth and development as an interdisciplinary researcher.

Janko Nikolich-Žugich, MD, PhD
Momentum to recognize aging as an issue vital to the U.S. population, economy, and global competitiveness is reaching a tipping point. As an umbrella organization of experts on behavioral, medical, biological, social, and other aspects of aging, GSA is positioned to play a pivotal role in these efforts.

If elected, I would prioritize two lines of action: externally, for GSA to lead efforts to formulate and work towards signing of a National Aging Act, patterned according to the National Cancer Act of 1972, and raise visibility and funding support for research on aging; and internally, to truly integrate the GSA sections to jointly address issues crucial to human well-being/healthspan in the broadest sense.

Statements and bios continued on page 11

GSA Steers Interprofessional Action for Better Oral Health

GSA has launched a new initiative — Oral Health: An Essential Element of Healthy Aging — designed to identify solutions and create a roadmap for improving the interprofessional oral health care of older adults.

As the first steps toward achieving this goal, GSA has formed an expert workgroup, released a new issue in the What’s Hot publication series, relaunched its Oral Health Interest Group, and convened a stakeholder forum. The initiative receives support from GlaxoSmithKline Consumer Healthcare.

GSA member Stephen Shuman, DDS, MS, is the chair of the new workgroup and served as a faculty reviewer for the What’s Hot issue, also titled “Oral Health: An Essential Element of Healthy Aging.”

“Older adults now have more natural teeth and higher oral health expectations than ever before.

We also now know that oral health is not only important for basic comfort and appearance, but also for systemic health, nutrition, and social and psychological well-being,” Shuman said.

“For example, poor oral health can lead to increased risk of aspiration pneumonia, diabetes-related problems, restricted food choices, and impaired social interaction. When you add these to the other health and psychosocial issues that can occur with aging, the consequences can be quite serious.”

The new What’s Hot provides evidence supporting the crucial links between oral health, systemic conditions, functional abilities, and healthy aging. All GSA members will receive a mailed copy.

Continued on page 13
Looking at the IAGG 2017 World Congress Through a GSA Lens
By Barbara Resnick, PhD, CRNP

This will be a historic year for our Society. In a few months, GSA will be hosting the World Congress of Gerontology and Geriatrics, where we will welcome the global community of aging scholars. This may be the largest World Congress in history; we received 7,154 individual abstracts (plus 1,166 late breaker submissions) from citizens of 75 countries. I am grateful to all for their contributions to the program.

GSA is hosting this monumental event — in San Francisco from July 23 to 27 — on behalf of the International Association of Gerontology and Geriatrics (IAGG). The GSA Annual Scientific Meeting, normally held each November, will not take place this year. However, the GSA leadership has found ways to implement many of the Society’s traditional meeting activities in a modified fashion during the World Congress. We have worked to ensure that GSA members will have an especially rewarding attendee experience in San Francisco. Here’s how.

I know many of you look forward to the networking lunches at your GSA Section Business Meeting and Award Presentation held each year. In 2017, we are combining these into a special reception on Tuesday, July 25, and we are asking each GSA member to invite at least one nonmember World Congress attendee to celebrate with us. We will honor 2017 GSA awardees and fellows as well as highlight major contributions to the program; otherwise, they will not occur. Contact info@iagg2017.org by March 23 to have the room rental fee waived and guarantee the meeting is listed in the Program Book.

There will be a Student Lounge at the World Congress co-organized by GSA’s Emerging Scholar and Professional Organization (ESPO) and the IAGG Council of Student Organizations. Here emerging scholars can network, enjoy refreshments, check e-mail, and participate in several professional development chats. ESPO members also have the opportunity to apply for exclusive travel grants to the World Congress; visit bit.ly/ESPOAwards to learn more!

And there will be ways to keep in touch with GSA while you’re in San Francisco. Just stop by the GSA Hub in the Exhibit Hall or interact with us on social media.

GSA committee meetings, the GSA Council Meeting, and the GSA Business meeting will still take place in November. We’re planning a “Leadership Week” where participants will meet via webinar to conduct the Society’s business. We’ll provide more details in the coming months.

The World Congress will be a valuable and unique experience for GSA and its members. The World Congress hasn’t been hosted in the U.S. since 1985; this is a once-in-a-generation event with unparalleled opportunities for professional collaboration. Never before have so many people gathered for the unified purpose of improving the lives of people as they age.

If you have any questions about GSA activities at the World Congress, our staff in Washington, DC, will be happy to assist you. You can contact them at info@iagg2017.org.

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

Next date to remember: April 13, 2017
Early bird discounted registration ends
What’s in store for GSA Members at the IAGG 2017 World Congress
July 23 to 27, 2017 • San Francisco, California

GSA RECEPTION
TUESDAY
JULY 25
7:30 – 9:30 P.M.
Combines section business meetings, award presentations, and fellows recognition into one evening event.
Tickets: $15 for two tickets
One for you and one for a non-GSA member

AWARDS
Celebrate the recipients of GSA’s 2017 awards at the GSA reception
• Donald P. Kent Award
• Robert W. Kleemeier Award
• Maxwell A. Pollack Award for Productive Aging
• M. Powell Lawton Award
• Margaret M. and Paul B. Baltes Award in Behavioral and Social Gerontology
• Behavioral and Social Sciences (BSS) Section Distinguished Career Contribution to Gerontology Award
• BSS Section Distinguished Mentorship in Gerontology Award
• Health Sciences (HS) Section Excellence in Rehabilitation of Aging Persons Award
• HS Section Joseph T. Freeman Award

ESPO MEMBER ACTIVITIES
• Student Lounge
• Pre-conference workshop “Crossing Geographic and Disciplinary Boundaries: Professional Development for Emerging Scholars”
• Hotel room sharing service

INTEREST GROUPS
Interest group meetings will occur throughout the conference. CONVENERS MUST complete an application to request meeting space at the World Congress.

EXHIBIT HALL
VISIT THE GSA HUB — learn the many benefits that GSA membership offers, from tools and resources to events and networking.

GOVERNANCE MEETINGS
GSA Council Meeting, GSA Business Meeting, and transfers of office

NO
Not at IAGG in July

YES
New Leadership Week November 13 to 17 — stay tuned.
For many years, we knew them as Geriatric Education Centers (GECs), but the federal program supporting this important work has been renamed the Geriatrics Workforce Enhancement Program (GWEP). Regardless of what they’re called, these programs are using their expertise and proven training methods to play a critical role in educating health care professionals and caregivers who serve older adults.

In the spirit of full disclosure, I want to mention that I do public policy work for the National Association for Geriatric Education (NAGE), whose members are primarily directors of the GWEPs, Centers on Aging, and still active GECs. GSA has been a steadfast supporter and promoter of GECs and GWEPs over the years.

A Bit of History

According to the NAGE historian, the GEC grants were first awarded in 1984 by the U.S. Health Resources Services Administration (HRSA) Bureau of Health Professions to SUNY at Buffalo, Harvard University, Michigan University, and University of Southern California. These initial four grantees were known as the “Four Fathers.” Additional grantees added in 1985 became known as the “Sweet Sixteen.” By 2015, a network of 45 GECs in 34 states provided best practice and evidence-based geriatric education to more than 200,000 healthcare professionals and students from numerous disciplines. HRSA funding also supported 54 geriatric fellowships in medicine, geriatrics, dentistry, and psychiatry.

The GWEP was created and funded in 2015 under HRSA (part of the federal Department of Health and Human Services) through Title VII and Title VIII of the Public Health Service Act. In the process of creating the GWEP, HRSA combined the existing Title VIII Comprehensive Geriatric Education Program and the existing Title VII Geriatric Academic Career Award (GACA), GECs, and the Geriatric Training for Physicians, Dentists and Behavioral and Mental Health Providers programs.

In a fitting gesture of support, then-President Barack Obama and then-Health and Human Services Secretary Sylvia Burwell used the occasion of the White House Conference on Aging’s national convening at the White House in July 2015 to announce that 44 sites in 29 states were receiving upwards of $35 million in grants under the new program.

“The geriatrics programs supported by these grants help schools design curricula that respond to the needs of aging adults and leads to better care. These investments will promote access to quality health care for older adults by supporting their self-management, their families’ engagement in their care, and the dedicated caregivers who work with them,” Burwell said.

The FY 2016 omnibus appropriations bill also consolidated these programs. This resulted in the total appropriations of $38.7 million from the combined Title VII program funds of $34.2 million and the Comprehensive Geriatric Education funds of $4.5 million. Unfortunately, the limited funding made it impossible to fund all the GEC applicants in addition to new institutions interested in hosting a GWEP. Further, the consolidation of these programs did not ensure that each GWEP could have a GACA for junior faculty to pursue an academic career in geriatrics. The GACA plays a critical role in supporting future practitioners and educators.

According to NAGE:

- Approximately half of the GWEPs provide education for areas that are more than 50 percent rural and a quarter focus on areas that are 25 to 49 percent rural.
- In the 2015 to 2016 academic year, GWEPs provided 1,650 different continuing education courses to approximately 94,000 health care professionals and students from disciplines such as medicine, nursing, allied health, health services administration, social work, and psychology.
- GWEPs collaborate with acute care, long-term care, and community-based service providers on evidence-based practice programs designed to reduce rates and improve outcomes of care relating to delirium, depression, falls, pain, and diabetes in older adults.
- GWEPs provide 200-hour interprofessional faculty development programs to prepare faculty to teach geriatrics and interprofessional team-based care;
- GWEPs provide opportunities for healthcare providers in underserved, rural and remote areas of the country to learn from and consult with top experts in geriatric care through Interactive Television (ITV), interactive teleconsults, and synchronous webcasts.
- GWEPs make available thousands of hours of online geriatric education programs that healthcare professionals can access 24 hours per day.

Maura Brennan, MD, of Bay State Health in Springfield, Massachusetts, sums it up well: “The beauty of this program is that it combines innovative clinical work with workforce development. New programs provide an exciting venue for clinicians and trainees to learn; the practitioners’ new skills and enthusiasm then sustain the clinical work. The GWEP initiatives preferentially support care for those who are most in need: patients who are socioeconomically challenged, in rural areas or inner cities and those struggling with multimorbidity and dementia. All GWEPs are building partnerships with one or more community collaborators to make the broadest impact on the health of elders in their surrounding communities.”

Key Players in the GWEP World

The National Association of Geriatric Education Centers (NAGEC) has been around since about 1989, but in 2015, the GECs formed the NAGE to conduct advocacy efforts. These two organizations continue to work hand in glove to advance interprofessional geriatric education with a focus on the GWEP GECs, and others that provide education and training to health professionals in the areas of geriatrics and gerontology.
The national GWEP Coordinating Center, an initiative administered by the American Geriatrics Society and supported by the John A. Hartford Foundation, serves as a central resource and coordinating service for the GWEPs.

The Eldercare Workforce Alliance (EWA) was formed in response to the then-Institute of Medicine’s report “Retooling for an Aging America: Building the Health Care Workforce.” The EWA, also supported by the Hartford Foundation, is a coalition of 31 national organizations with GSA and NAGE as active members. The Health Professions and Nursing Education Coalition (HPNEC) is an alliance of national organizations advocating for HRSA programs across generations with a focus on primary care and interdisciplinary training.

As you may know, GSA has been involved in helping to disseminate the National Academies of Sciences, Engineering, and Medicine report “Families Caring for an Aging America.” The report’s findings and recommendations relate directly to the expanded role of the GWEPs who are now tasked with educating and training older adults and caregivers. In fact, HRSA expects that 52,352 paid and family caregivers will participate in GWEP training programs over the three-year grant period.

For example, the GWEP at Virginia Commonwealth University is partnering with several Area Agencies on Aging, the local Alzheimer’s Association, and dementia-focused community care agencies to train staff and family caregivers. The report questioned whether the GWEP had the necessary resources to succeed, stating, “With current funding, the GWEP caregiver curriculum … reaches only a small fraction of the relevant providers. Work to date falls far short of a systemic and comprehensive effort.”

The report acknowledges that training and engagement must go beyond the health care professions team and directly support the family caregiver so that a greater number of older adults will be able to stay in their communities longer and with better care thereby saving valuable resources in the health care system and improving health outcomes. Some GWEPs are partnering with several Area Agencies on Aging, Alzheimer’s Associations, and dementia-focused community care agencies to train family caregivers and staff, so that the impact is multiplied.

NAGE President Kathryn Hyer, PhD, MMP, who is the principle investigator on the University of South Florida (USF) Health GWEP, said, “USF and a number of other GWEPs, health professions students, and residents are rotating through federally qualified health centers that are accredited as patient centered medical homes. These students are learning to provide integrated primary care to older adults and are our best hope of meeting the urgent need for primary care providers.”

Reauthorization, Funding, and Advocacy

It is going to be a busy year for the GWEP. Congress must authorize programs (usually for several years) and then provide annual appropriations for them. The programs under Title VII and Title VIII of the Public Health Service Act related to geriatrics currently need to be reauthorized and we are working with members of Congress to draft the bills to accomplish this. It is likely that the reauthorization will include the GWEP along with the GACA program since it has not been funded separately since the merging of the geriatrics programs by HRSA, but the timing for the bill introduction and committee consideration is not known.

It is a perennial struggle to protect current funding levels and secure additional appropriations to fund more GWEPs and academic awards. Although most federal programs are currently funded by a continuing resolution through April 28, we have already begun our education and advocacy efforts for FY 2018. Although we have not seen the president’s budget proposal, NAGE, the EWA, and the LCAO plan to request Congress and its appropriations committees to provide $51 million to fund the second cycle of GWEP sites and GACAs. This amount would allow for an additional eight GWEP sites to help close the current geographic and demographic gaps in training opportunities and also fund one GACA for each GWEP. We need you to get involved in educating your members of Congress about the value of the GWEP, so please go to the “Advocacy” tab at the EWA website and select Advocacy Toolkit or contact me at brian@consumers.org.

Finally, let me say that over the years NAGE has had the pleasure of working with a number of dedicated professionals at HRSA who cared deeply about the geriatrics programs and understood their value to individuals and society. Nina Tumosa and Joan Weiss are currently two of those public servants who through their hard work have made a real difference in the lives of many thousands of older adults. Visit bhpr.hrsa.gov/grants/geriatricsalliedhealth/gwep.html to learn more.
Corporation (ARC), provides compelling evidence that suggests this may not be beneficial either for the health of Americans aged 65 and 66 or for the financial health of the institutions that provide care for them. The ARC research provides a one-year snapshot of the impact of raising the eligibility age — taking a single year mid-way through the Trump Administration, 2019, to illustrate the effect among people aged 65 and 66. It assesses the impact on health insurance coverage under two model scenarios: assuming the Affordable Care Act (ACA) remains intact with conforming legislation to extend the premium subsidies and expand Medicaid eligibility to people aged 65 and 66; and assuming the ACA is repealed as proposed or is continued without conforming legislation. Even with the ACA intact and modified to extend access to Medicaid to people aged 65 and 66, the number of people who would become uninsured rises significantly for both men and women and for all racial and ethnic groups. With repeal of the ACA, the rate of uninsured increases even more dramatically. This research was funded by a grant from The Retirement Research Foundation to the National Committee to Preserve Social Security & Medicare Foundation. The summary and full report are available at bit.ly/Medicarebrief and bit.ly/Medicarereport.

 Raise in Medicare Eligibility Age Could Have Negative Impact on Older Adults
The National Committee to Preserve Social Security and Medicare Foundation and its Task Force on Health and Retirement Security have released a report analyzing the impact of raising the Medicare eligibility age from 65 to 67 — a proposal that is featured in U.S. Speaker of the House Paul Ryan’s plan, “A Better Way: Health Care.” The research, conducted by the Actuarial Research Corporation (ARC), provides compelling evidence that suggests this may not be beneficial either for the health of Americans aged 65 and 66 or for the financial health of the institutions that provide care for them. The ARC research provides a one-year snapshot of the impact of raising the eligibility age — taking a single year mid-way through the Trump Administration, 2019, to illustrate the effect among people aged 65 and 66. It assesses the impact on health insurance coverage under two model scenarios: assuming the Affordable Care Act (ACA) remains intact with conforming legislation to extend the premium subsidies and expand Medicaid eligibility to people aged 65 and 66; and assuming the ACA is repealed as proposed or is continued without conforming legislation. Even with the ACA intact and modified to extend access to Medicaid to people aged 65 and 66, the number of people who would become uninsured rises significantly for both men and women and for all racial and ethnic groups. With repeal of the ACA, the rate of uninsured increases even more dramatically. This research was funded by a grant from The Retirement Research Foundation to the National Committee to Preserve Social Security & Medicare Foundation. The summary and full report are available at bit.ly/Medicarebrief and bit.ly/Medicarereport.

 RRF Grant Proposals Due May 1
The Retirement Research Foundation’s (RRF) next proposal application deadline is May 1. The RRF is based in Chicago and is one of the nation’s first private foundations devoted exclusively to aging and retirement issues. Throughout its history, RRF has awarded more than $200 million for innovative projects that benefit older Americans. Through its responsive grants program, RRF supports advocacy, direct service, education and training programs for professionals working with elders; and research to seek causes and solutions to significant problems of older adults. Proposals for direct service projects are considered from organizations based in seven states: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects, all with national relevance, are considered from organizations located anywhere in the U.S. To learn more, www.rrf.org.

 AHRQ Seeks Applications for Health Services Research Grants
The Research Demonstration and Dissemination Grant (R18) is an award made by Agency for Healthcare Research and Quality (AHRQ) to an institution/organization to support a discrete, specified health services research project. The R18 research plan proposed by the applicant institution/organization must be related to the mission and portfolio priority research interests of AHRQ. The AHRQ mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work with the Department of Health and Human Services and other partners to make sure that the evidence is understood and used. Within the mission, AHRQ’s specific priority areas of focus are to improve health care quality by accelerating implementation of patient centered outcomes research; make health care safer; increase accessibility by evaluating expansions of insurance coverage; and improve health care affordability, efficiency, and cost transparency. To view the full funding opportunity announcement, visit hbit.ly/2kPw7UT. Applications are due May 25.

 Alzheimer’s Foundation Announces Bi-Annual Grant
The Alzheimer’s Foundation of America’s bi-annual grant offers funding to the foundation’s nonprofit member organizations for new or existing programs and services that improve the lives of people living with Alzheimer’s disease or a related dementia, and their families. This grant is offered during the spring and fall of each year; for consideration, the next set of applications must be postmarked by fall cycle date of August 15. Funds may be awarded to more than one organization during any given cycle. In the past, for example, they have funded programs such as support groups in rural areas, cognitive stimulation activities, a prescription assistance program, training for healthcare professionals, and startup or expansion of Project Lifesaver, a rapid response system to track wanderers. More information can be found at www.alzfdn.org/AFAServices/biannual_grant.html.
Member News

In Memoriam

GSA Fellow Vivian F. Carlin, PhD, passed away at the age of 93 on August 4, 2016. Carlin graduated with a master’s in psychology from the University of Michigan in 1940. After a few decades in local politics, she returned to work as a part-time specialist on housing for older adults at the New Jersey State Division on Aging. She became supervisor in the Office of Planning and Policy Analysis on Aging for the New Jersey Department of Community Affairs, a position she held until her retirement in 1984. In 1977, she returned to school to enter the PhD program in gerontology at Rutgers University, earning her doctorate in 1980 at the age of 61. She was a delegate to the White House Conference on Aging in 1981 and participated in the New Jersey Governor’s Conference on Aging in 1990.

New Books by Members

• “Alcohol and Aging; Clinical and Public Health Perspectives,” by Alexis Kuerbis, MSW, PhD, Alison A. Moore, MD, MPH, Paul Sacco, PhD, and Faika Zanjani, PhD. Published by Springer Publishing, 2016.

Members in the News

• GSA Fellow Joseph Coughlin, PhD, was quoted in an article on January 20 in The New York Times titled “Seniors Welcome New, Battery-Powered Friends.” The article discussed various technologies coming to the market for older adults.

• GSA Fellow Joe Verghese, MD, PhD, was quoted by the Herald & Review on December 6 in an article titled “Brain Scan Test Predicts Fall Risk in Elderly.” Verghese summarized his research on predicting falls in the older adult population based on brain scans.

• On February 13, The Daily Tribune published an article titled “A Sip for Love” about research conducted by GSA Fellow Kira Birditt, PhD. The story referenced Birditt’s findings that married couples who share similar drinking habits tend to be happier in their relationship.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Karla Gustafson, MA

The recipient, who became eligible after referring new member Stacey McQueen, 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: Karen Hirschman, PhD, MSW

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

Camp Earns American Psychological Association Award

GSA Fellow Cameron Camp, PhD, was presented the 2017 American Psychological Association Award for Distinguished Professional Contributions to Applied Research. The award is given to a psychologist whose research has led to important discoveries or developments in the field of applied psychology. Camp has led to innovative applications in an area of psychological practice, including assessment, consultation, instruction or intervention.

Gutman Appointed to Order of Canada

GSA Fellow Gloria Gutman, PhD, has been appointed as a Member of the Order of Canada “for her research and leadership in the field of gerontology and for her advocacy against elder abuse.” Established in 1967, the Order of Canada, one of the country’s highest civilian honors, recognizes outstanding achievement, dedication to the community, and service to the nation. Gutman was a co-chair of GSA’s Abuse, Neglect, and Exploitation of the Elderly Interest Group from 2013 to 2015 in her capacity as President of International Network for the Prevention of Elder Abuse. Gutman organized the 17th International Association of Gerontology and Geriatrics (IAGG) World Congress in Vancouver in 2001, and served as IAGG president from 2001 to 2005.

GSA Members Speak at Technology Conference

GSA Fellow David Lindeman, PhD, and Judi Bonilla both spoke at the inaugural Aging into the Future Conference in Los Angeles, which brought together technology companies, entrepreneurs, and innovators with experts in aging. The purpose of this event was to explore how technology and innovation can ease mobility, enhance socialization, promote health and wellness, and empower caregiving.

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:

• Sandra Torres, PhD: [Regarding GSA’s statement about pending immigration and visa restrictions in the U.S.] “I write now to say that I commend GSA for their leadership on this issue and would like to encourage GSA members all around the world to distribute our organization’s statement so that other organizations can gain some inspiration from it.”

• Marc Aaron Guest, MPH, MSW: “The Healthy People 2020 Midcourse Review webpage was launched this week. The 820 page web-publication contains information covering 1,000 objectives, 42 topic areas, and important population groups of interest.”
July 24, 2017 • 10 to 11 a.m.
“Palliative Care in the Mainstream: Stepping up to the Plate the Case for Integrated Geriatric and Palliative Care Strategies”
This session will present the case for integrating geriatric and palliative care to deliver optimal care, improve quality and reduce costs. The speakers will outline palliative care issues common in elderly patients and integrative approaches that focus on quality of life, support for functional independence, and the patient’s values and experiences. They will also identify the needs of policy makers, payers and health system leadership.

Diane Meier, MD, Center to Advance Palliative Care
Irene Higginson, Cicely Saunders Institute
Luc Deliens, PhD, MSc, MA, Vrije Universiteit Brussel & Ghent University

“Beyond Rhetoric: Taking Global Action on Ageing”
Population ageing is now part of our global consciousness. Yet actions to address issues that arise from these demographic shifts have lagged behind. Among the many challenges/impediments to creating global action are: diverse patterns of ageing across countries and regions; different family, community and policy contexts that influence ageing experiences; and considerable inequities both between and within countries. The purpose of this session is to create an agenda and advocate for global action to improve quality of life of older populations.

Norah Keating, PhD, University of Alberta, Swansea University, and North-West University
John Beard, PhD, MBBS, World Health Organization
Peng Du, PhD, Renmin University, China Gerontology Association, and Beijing Gerontology Society
Isabella Aboderin, PhD, MS, African Population and Health Research Center

“How Early Can We Detect Cognitive Disorders?”
As societies are aging, changes in cognition are noted very frequently. A vexing question for most people pertains to the implication of these cognitive changes. At what point do we become concerned that changes in cognition represent incipient disease, and to what extent are we experiencing changes of “normal aging.” With growing information regarding biomarkers for disease, this distinction is becoming increasingly important. This topic will cover stages of cognitive aging, the role of biomarkers in predicting cognitive change and the role of subjective cognitive decline in predicting disease.

Marilyn Albert, PhD, Johns Hopkins University
Frank Jessen, MD, University of Cologne
Ronald C. Petersen, PhD, MD, Mayo Clinic

“Genes, Environment and Behaviors That Predict Healthy Longevity”
Three speakers address factors that affect healthy longevity from complementary perspectives. Luigi Ferrucci uses the paradigm of geroscience to propose that the biology of aging causes both chronic disease and aging phenotypes. Different genetic, environmental and behavioral backgrounds promote specific physiological impairments that in young age are compensated but in old age are causative of and heterogeneous phenotypes. Diana Kuh argues that a life course perspective will improve our understanding of human responses to environmental challenges with long-term impact on health span and longevity. In particular, how humans adapt to the environment during development may affect how well they age and how long they live. S. Jay Olshansky discusses scientific theories about maximum life span. In the 20th century, life expectancy forecasters consistently underestimated duration of life because they assumed a biological limit to life. On the contrary more recent assumptions propose life expectancies exceeding 100 to 150 years.

Luigi Ferrucci, PhD, MD, National Institute on Aging
Diana Kuh, University College London
S. Jay Olshansky, PhD, University of Illinois

July 25, 2017 • 10 to 11 a.m.
“Emerging Issues in Mobility and Aging”
Over the last decade and more, mobility has emerged as a fundamental indicator of health during aging, gaining attention from basic, clinical, social and health services researchers as well as health care providers and systems. Where are the most important gaps in knowledge, and what are the highest impact opportunities for future work? This presentation will summarize the state of the art and explore future directions. It will be set within the paradigm of “thinking, feeling, moving” and highlight the contributions of sensorimotor functions, executive functioning and gait adaptability to successful mobility. New technological advances for remotely monitoring mobility will also be discussed.

Stephanie Studenski, MD, MPH, National Institute on Aging
Stephen Lord, PhD, Neuroscience Research Australia

“Healthy Brain Aging: A Lifespan Perspective”
In this session we will focus upon factors throughout the lifespan which contribute to health brain aging. We begin with a discussion of early life influences upon later cognitive function. Next we focus upon cognitive aging, that usual progression of cognitive function through the life cycle. This discussion will rely upon and update the IOM report on cognitive aging released in 2015. Finally we will focus upon dementing disorders, especially Alzheimer’s Disease. A common theme which will pervade all discussions will be those factors which can prevent or retard normal cognitive aging and the onset of dementing disorders.

Dan G. Blazer, PhD, MD, MPH, Duke University Medical Center
Kristine Yaffe, MD, University of California
Laura Fratiglioni, PhD, Karolinska

“Longitudinal Studies on Aging: From Science to Policy”
Speakers will detail how molecular, physiological and social research from longitudinal studies on aging afford a unique opportunity to
Folkert Kuipers, PhD, Mediterranean Diet in preventing chronic diseases. Nutrition can intervention trials, aiming to assess the efficacy of the lifelong dietary habits. We will present results of observational and disorders, dementia) can be largely prevented with appropriate, affecting older adults (CVD, diabetes, cancer, musculoskeletalExisting knowledge suggests that major chronic conditions could transform healthcare and even society as we know it. These interventions can be translated into clinical application, they have not kept up with intra-cohort inequalities and still focus on inequalities between age groups or generations. Dale Dannefer, PhD, Case Western Reserve University Chris Phillipson, PhD, The University of Manchester Jan Baars, PhD, University for Humanistic Studies

July 26, 2017 • 10 to 11 a.m. “What Could Come From Understanding the Biology of Aging?” Evidence is increasingly tying fundamental aging processes to the genesis of the major chronic diseases that account for the majority of morbidity, mortality, and health costs in developing and developed countries. These age-related chronic disorders include arteriosclerosis, dementias, most cancers, diabetes, arthritis, blindness, and many others. By targeting basic aging processes, it could be feasible to delay, prevent, alleviate, or even cure these common chronic diseases as a group instead of one at a time, as well as the geriatric syndromes (frailty, sarcopenia, cognitive impairment, etc.) and age-related loss of resilience. Drugs and other interventions have recently been discovered that target basic aging processes. In a growing number of studies, these interventions not only enhance lifespan and healthspan in animals, they also appear to delay age-related chronic diseases and disabilities. If these interventions can be translated into clinical application, they could transform healthcare and even society as we know it. Sophia de Rooij, PhD, University Medical Center Groningen Dana Goldman, PhD, University of Southern California Jim Kirkland, PhD, MD, Mayo Clinic Folkert Kuipers, PhD, University Medical Center Groningen

Dietary Determinants of Life-long Health” Existing knowledge suggests that major chronic conditions affecting older adults (CVD, diabetes, cancer, musculoskeletal disorders, dementia) can be largely prevented with appropriate, lifelong dietary habits. We will present results of observational and intervention trials, aiming to assess the efficacy of the Mediterranean Diet in preventing chronic diseases. Nutrition can make a substantial impact on the health and function of older individuals. Beyond dietary preventive measures, it is of upmost importance to identify biopsychosocial and cultural factors affecting the dietary behaviors, and, ultimately, the nutritional well-being of older individuals. The epidemic of obesity in older adults is bringing a new phenotype of frailty—the “fat-yet-frail” elderly person. New studies of diet- and exercise-based interventions for sarcopenic obesity are exploring safe approaches for restoring physical function. These interventions must protect lean and bone mass during body weight reduction and need to be scrutinized for their long-term impact on health and quality of life. Stefania Maggi, MD, Neuroscience Institute Jean Woo, MD, The Chinese University of Hong Kong Connie W. Bales, PhD, RD, Duke University and Durham VA Medical Center

Where We Grow Old: Environmental Perspectives Increased recognition of the role of physical and social contexts in shaping the experience of growing old has resulted in the emergent field of environmental gerontology. Initiatives by the World Health Organization and AARP have generated global awareness of the importance of creating age-friendly communities. There has been burgeoning interest, as well, in the design of individual neighborhoods and dwellings to fit the needs of an aging population. This plenary session will provide fresh international and cross-cultural perspectives on contemporary theoretical and empirical research in environmental gerontology. Speakers from different parts of the world will consider trends and future needs in relation to research, policy, planning and human service opportunities for enhancing the places where we grow old. Suzanne Iwarsson, PhD, Lund University Alexandre Kalache, PhD, MD, International Longevity Centre Global Alliance Hiroko Akiyama, PhD, Institute of Gerontology The University of Tokyo

July 26, 2017 • 12:30 to 1:30 p.m. “Technology and Aging: Promising Solutions, Global Challenges” Technology has become a driving force throughout the globe in improving the well-being and health of older adults, their family caregivers, and the long-term care work force, and holds the promise of being a key to the development of innovative solutions for social engagement and maximizing independence. This symposium will serve as a platform for discussion and exchange between diverse stakeholders who share an interest in technology solutions to support older adults, with the further intent of identifying frugal technology innovations that can meet the emerging, rapidly evolving needs of older people globally. The symposium will also address the disparity of technology solutions and the future needs of older adults in low- and middle-income countries as well as solutions proposed for global innovation. Alex Ross, MSPH, BSPA, World Health Organization Centre for Health Development Stephen Johnston, MBA, Aging2.0 Andrew Sixsmith, PhD, STAR Institute at Simon Fraser University
AGHE Honors Distinguished Individuals

The Association for Gerontology in Higher Education (AGHE) recognized its newest elected officers, fellows, and awardees at its recent 43rd Annual Meeting and Educational Leadership Conference in Miami, Florida. This event regularly provides a forum for professionals in the field of aging to present their work and share ideas about gerontological and geriatric education and training. The next AGHE meeting will take place in Atlanta, Georgia, from March 1 to 4, 2018. The abstract submission period is expected to open April 14; 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
Judith L. Howe, PhD, Icahn School of Medicine at Mount Sinai

Members-At-Large
Hallie E. Baker, PhD, Muskingum University
Elizabeth J. Bergman, PhD, Ithaca College

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

Pamela P. Brown, PhD, Albany State University
Kara B. Dassel, PhD, University of Utah
Cynthia R. Hancock, PhD, University of North Carolina at Charlotte

Awardees
Clark Tibbitts Award
Presented to JoAnn Damron-Rodriguez, LCSW, PhD, University of California, Los Angeles
Friday, March 10, 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 Kelvin J. A. Davies, PhD, DSc, University of Southern California
Saturday, March 11, 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.

Distinguished Faculty Award
Presented to Judith A. Sugar, PhD, University of Nevada, Reno
Friday, March 10, 8:30 a.m.
This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

Rising Star Early Career Faculty Award
Presented to Özgür Arun, PhD, Akdeniz University
Friday, March 10, 8:30 a.m.
This award recognizes new faculty whose teaching and/or leadership stands out as impactful and innovative.

David A. Peterson Gerontology & Geriatrics Education Best Paper of the Volume Award
Presented to Tina M. Kruger, PhD, Indiana State University and Andrew J. Pearl, PhD, University of North Georgia for “Beyond Assessment: Conducting Theoretically Grounded Research on Service-Learning in Gerontology Courses”
Friday, March 10, 5:30 p.m.
The purpose of this award is to recognize excellence in scholarship in academic gerontology in AGHE’s official journal, Gerontology & Geriatrics Education.

Student Leadership Award
Presented to Colleen R. Bennett, MS, MA, PhD(c), University of Maryland, Baltimore County
Friday, March 10, 5:30 p.m.
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.

Graduate Student Paper Award
Presented to Sara J. English, LMSW, MSW, University of South Carolina
Friday, March 10, 5:30 p.m.
This award recognizes excellence in scholarly work by a student at an AGHE member institution who presents his or her work at the annual meeting.

Administrative Leadership Honor
Presented to John R. Bartle, PhD, University of Nebraska, Omaha; J. Kevin Eckert, PhD, University of Maryland, Baltimore County; and Danielle R. Ripich, PhD, University of New England
Friday, March 10, 5:30 p.m.
This award, honors administrators on AGHE member campuses who have made exceptional efforts in support of gerontology or geriatrics education.
**Part-Time/Adjunct Faculty Honor**
Friday, March 10, 5:30 p.m.
Presented to Robert S. Anderson Jr., MD, University of New England; Lisa A. Kendall, LCSW-R, CSW-G, Ithaca College; and Robin Sherman, MSM, University of Massachusetts Boston

This award recognizes part-time and/or adjunct faculty for their contributions to gerontological education at an AGHE member institution.

**Mildred M. Seltzer Distinguished Service Honor**
Presented to Bradley J. Fisher, PhD, Missouri State University; Beryl D. Goldman, PhD, RN, NHA, Kendal Outreach, LLC; Jim P. Mitchell, PhD, East Carolina University; Maureen E. Power, PhD, Worcester State University; Kathy A. Segrist, PhD, Ball State University; and Sue Ward, American River College

**Educational News**

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**Educational News**

My overarching goal as president will be to enhance and expand the communication and collaboration across sections at GSA, taking lessons from my personal journey while supporting the important initiatives already in play. This will further our opportunities to secure research funding and allow us to advocate more powerfully for the aging in our society, at this critical juncture. At the same time, I will strive to enrich our training and mentorship programs, based on my experience directing such NIH-funded programs for college undergraduates and junior faculty.

S. Michal Jazwinski, PhD, is the John W. Deming, MD Regents Chair in Aging at Tulane University in New Orleans, Louisiana, where he is professor of medicine and professor of biochemistry and molecular biology. He is the director of the Tulane Center for Aging and the director of the Interdisciplinary PhD Program in Aging Studies at the university. Jazwinski’s research has been funded by the National Institute on Aging (NIA) since 1986, for which he has received two National Institutes of Health (NIH) MERIT Awards. His research has resulted in more than 160 publications listed in PubMed alone, ranging from basic biological research to interdisciplinary studies of human aging. He has been a member of several NIH study sections, and he has served as a member of the National Advisory Council on Aging and the NIA Board of Scientific Counselors. Jazwinski has been a member of GSA since 1986 and a fellow since 1992. He received the Robert W. Kleemeier Award in 2011. He has been chair of the Biological Sciences Section, a member of the Publications, Public Policy, and Awards Committees, associate editor for the Journal of Gerontology: Biological Sciences, and chair of local arrangements for GSA’s 2010 Annual Scientific Meeting in New Orleans.

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To these tasks I would bring experience as the GSA Biological Sciences Section chair, extensive strategic planning and implementation skills and energy necessary to address the above issues; the perspective of MD/PhD training; and leadership at the Arizona Center on Aging that made me familiar with topics of all GSA sections, including cellular/molecular aging research, elder abuse, caregiver issues, models of care/home care, biosensors/telemedicine, community outreach and education. This action plan would allow GSA to promote healthspan extension through research and clinical intervention in an unprecedented manner.

Janka Nikolich-Žugich, MD, PhD, is Bowman Professor, head of the Department of Immunobiology, and co-director of the Arizona Center on Aging at the University of Arizona College of Medicine in Tucson, Arizona. His principal interests are to understand how and why basic mechanisms of immunity mechanisms deteriorate with age to erode protective immunity against infection; and how we can devise methods to correct or ameliorate immune dysfunction by means of new vaccines, immunomodulatory and metabolic intervention and/or immune rejuvenation in the mouse, non-human primate and human models. His other interest is longevity and healthspan modulation by nutritional and metabolic intervention. He obtained his degrees from the University of Belgrade School of Medicine in Serbia. He has authored more than 130 publications and has been continuously funded by the National Institutes of Health since 1992. He has founded and co-organized the International Conference on T Cell Development — ThymUS (meetings in 2001, 2004, 2008, and 2012) and the 39th Annual Meeting of the American Aging Association. He currently serves as chairman of the board and CEO of the American Aging Association, is a member of the American Association of Immunologists, and is an associate editor of the Journal of Gerontology: Biological Sciences, Aging Cell, and Geroscience (journal of the American Aging Association).

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 March 31. 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.
POST-DOCTORAL FELLOW – AGING AND DEVELOPMENT
PROGRAM (RE-ADVERTISEMENT)

The African Population and Health Research Center (APHRC) is an international non-profit, non-
governmental organization committed to conducting high quality and policy relevant research on
population, health, education and development issues facing sub-Saharan Africa. APHRC seeks to recruit
a Post-Doctoral Fellow to work under its Aging and Development Program.

Major Responsibilities

1. Lead on all aspects of an in-depth qualitative investigation on experiences and impacts of Kenya’s
   older persons cash transfer program in two informal urban settlements in Nairobi
2. Lead and contribute to scientific writing and the development of donor or other reports on the qualitative
   investigation and other, relevant, research outcomes
3. Lead and contribute to the design of related research activities, and the development of research proposals
   within the aging program.

Qualifications and experience

1. PhD in Social Gerontology, or related fields. The fellowship should be taken up within two years of
   completion of doctoral degree;
2. Strong writing skills and good record of publications on relevant subject areas
3. Experience or strong interest in the areas of aging, social protection and intergenerational relationships
4. Strong qualitative research skills (data collection, management, analysis (by hand and with software
   packages), interpretation, reporting)
5. Computer literacy in Microsoft packages (Word, PowerPoint, Excel).

Desirable

1. Experience of conducting empirical research with older persons
2. Experience of conducting empirical research in sub-Saharan African settings
3. Experience and high levels of familiarity with a diverse set of health and social science data sets
4. Excellent interpersonal and organizational skills and ability to work in a culturally diverse team;
5. Experience in developing proposals and attracting research grants.

The above position comes with an attractive, internationally-competitive remuneration package including
medical, travel and life insurance cover. Allowances toward in-relocation and dependents' education are
also provided. Preference will be given to nationals of sub-Saharan African Countries.

Interested candidates are invited to send via email their letter of application (1 page); a statement of research
interests and goals (1-2 pages); and their CV with contact details of three referees to jobs@aphrc.org. Please
indicate “Post-Doc Fellow, Aging and Development” on the subject line of the email. Application letters
should be addressed to:

The Human Resources Officer
African Population and Health Research Center, Inc APHRC Campus, Manga Close, off Kirawa Road,
Kitisuru P. O. Box 10787-GPO, Nairobi
Grow Your Network with GSA Connect!

By Salom Teshale, PhD

One of the benefits of being a member of ESPO is having access to the ESPO Community message board on GSA Connect, GSA’s online networking platform. The ESPO Community is a way to connect with other members of ESPO in addition to the Annual Scientific Meeting and can help you keep up-to-date on the latest news and opportunities from GSA and ESPO.

What is the GSA Connect ESPO Community?

The GSA Connect ESPO Community is an online community hosted on the GSA Connect website (connect.geron.org) where members of ESPO can post and share information and resources. The GSA Connect ESPO Community is a great way to meet other ESPO researchers and scholars. The community was created specifically for ESPO members and focuses on information of interest to students, postdocs, and emerging scholars.

Why Should I Participate in the GSA Connect ESPO Community?

Looking to talk to someone about the pros and cons of a professional degree vs. a PhD? Interested in sharing a reading list on a new research topic? Trying to figure out to which journal you should submit your interdisciplinary article? Looking for someone to start a dissertation writing group with? There’s a good chance that another ESPO member has been in the same boat or has a similar question!

You can post your topic or question in the ESPO Community and get feedback from ESPO members all over the world — including students, postdocs, professors, and professionals in the field of aging. The ESPO Community offers a platform to discuss your field of interest with fellow ESPO members, form new professional relationships, and learn from a network of engaged scholars.

The ESPO Community also contains new information about ESPO events throughout the year. You can find out more information about roommate matching, travel scholarships, and volunteer opportunities for the upcoming World Congress of Gerontology and Geriatrics, which GSA will host in July.

What Will I Find in the GSA Connect ESPO Community?

The ESPO Community hosts information and discussions on a wide range of topics, from scholarships and fellowship opportunities to ESPO webinars. You can learn about upcoming scholarship deadlines, new fellowships of interest, and networking events as well as connect with fellow members that are attending conferences.

When you join the community, you’ll have access to both the ESPO Community message board archives and a growing Resource Library targeted specifically to students and early-career professionals. This Resource Library includes materials on writing an academic CV and cover letter (with examples!) and a guide to writing a dissertation. More than a thousand ESPO members are already part of the GSA Connect ESPO Community, and all ESPO members are eligible to join.

How do I join the GSA Connect ESPO Community?

If you’re in the student or transitional member category of GSA, you will automatically be added to the ESPO Community. You can use your GSA username and password to log into GSA Connect — no need to create a new account! To sign into GSA Connect and participate in the ESPO Community:

• Go to connect.geron.org/home and click on the blue “Sign In” button in the top right corner of the screen.
• Log in with your GSA username and password.
• Click the “Communities” menu item, choose “My Communities.”
• Choose the “ESPO Community” to begin browsing.

For more information about using GSA Connect, visit connect.geron.org/faq. Happy posting!
Your Students Can Continue Their Research in Aging — Fully Funded.

Seton Hall University’s George Eckes Memorial Scholarship in Aging

For Fall 2017, our M.S. in Experimental Psychology program is offering a full scholarship, plus research budget — a total financial package of $49,000 — to a highly qualified applicant who intends to continue study at the Ph.D. level in cognitive aging, aging neuroscience, gerontology or related field.

Priority Deadline: April 1, 2017

For more information, contact Kelly Goedert at kelly.goedert@shu.edu, or visit www.shu.edu/georgeeckes

Why the M.S. in Experimental Psychology at Seton Hall?

- Prepares students to be competitive for admittance into Ph.D. programs
- Organized like a doctoral program, with individualized one-on-one research training and mentoring
- State-of-the-art research facilities, including animal and eye-tracking laboratories
- Faculty expertise in behavioral neuroscience, developmental, cognitive, social, cultural and clinical psychology
- Three concentration options: Behavioral Neuroscience, Cognitive Neuroscience, Behavioral Sciences
Cornell University’s Translational Institute on Pain in Later Life

March 27th | 1pm-2pm*
Innovative ways to incorporate patient preferences in medical decision-making, by Liana Fraenkel, MD, MPH, Yale University

April 24th | 1pm-2pm*
Patient expectations and decision support strategies in pain care, by Jon Lurie, MD, Dartmouth University

May 22nd | 1pm-2pm*
Racial and Ethnic Pain-Related Disparities: Provider and Contextual Factors & Potential Solutions, by Adam Hirsh, PhD, University of Indiana-Purdue University

June 26th | 1pm-2pm*
The impact of expectations & persistence on achieving long term goals, by Joseph Kable, PhD, University of Pennsylvania

*Eastern Standard Time (EST)

Visit www.tripll.org or contact jah3011@med.cornell.edu to register.

YOUR VOTE,
YOUR SOCIETY!

GSA 2017 ELECTIONS

GSA members, cast your vote in the GSA 2017 elections! You should have received an e-mail invitation to peruse the GSA 2017 Election Guide and link to vote. These elections have important implications for the Society, so complete your ballot today.

We want to hear your voice!

The deadline to vote is March 31.

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