GSA has launched *Innovation in Aging*, a new peer-reviewed, interdisciplinary journal. It will publish conceptually sound, methodologically rigorous research studies that describe innovative theories, research methods, interventions, evaluations, and policies relevant to aging and the life course. The initial call for manuscripts will be announced by the end of 2016.

*Innovation in Aging*, published by Oxford University Press (OUP), is using an online-only, open access model. It joins a distinguished collection of titles in the GSA catalog, such as *The Gerontologist* and *The Journals of Gerontology*, which have some of the highest impact factors in their field. Open access journals are free to readers without a subscription. (There is an article processing charge to publish, but GSA members will receive a discounted rate.)

“In creating this journal, GSA is looking to the future — both the future needs of the gerontology community and the future of research communication,” said GSA Executive Director and CEO James Appleby, BSPharm, MPH. “The Society’s mission to promote interdisciplinary research and disseminate knowledge is well supported by the open access format, which has been consistently shown to lead to increased readership for articles by a wider audience.”

The National Academy of Medicine (NAM) has included an aging-focused paper — authored by some of GSA’s most prominent members — as part of its landmark Vital Directions for Health and Health Care Initiative. It joins a distinguished collection of titles in the GSA catalog, such as *The Gerontologist* and *The Journals of Gerontology*, which have some of the highest impact factors in their field. Open access journals are free to readers without a subscription. (There is an article processing charge to publish, but GSA members will receive a discounted rate.)

“Preparing for Better Health and Health Care for an Aging Population” are former GSA Presidents John W. Rowe, MD, and Terry Fulmer, PhD, RN, FAAN; GSA Fellows Linda Fried, MD, James Jackson, PhD, S. Jay Olshansky, PhD, and Robyn Stone, DrPH; and member Mary Naylor, PhD, RN, FAAN.

“Preparing for Better Health and Health Care for an Aging Population” is authored by some of GSA’s most prominent members — as part of its landmark Vital Directions for Health and Health Care Initiative. It joins a distinguished collection of 19 articles aimed at mobilizing expert opinions from trusted leaders to inform the next administration and the public about America’s most pressing health issues and priorities.

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“It is very significant that the National Academy of Medicine chose to include health and health care of older persons in the package of policy recommendations they will advance to the next administration,” said Rowe, a professor at Columbia University and the paper’s lead author. “Those in the field should appreciate that the recommendations go beyond the usual basket of changes in the Medicare program — and include four specific ‘vital directions’ for improvement in the nation’s capacity to enhance well-being and health care for older Americans.”

“These are the actions that the authors advocate: Develop new models of care delivery; augment the elder-care workforce; promote the social engagement of older persons; and transform advanced illness care at the end of life.”

Continued on page 7
Top 2016 Accomplishments
Inspired by Members’ Work

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

As I prepare to address GSA’s membership at the Annual Scientific Meeting each November, I take time to reflect how far our Society has come since the last time we all gathered in one place. GSA had a lot of notable achievements in the past year, the biggest of which I’ve listed below. These are successes that we can celebrate together, because GSA members played large roles in making them happen!

New Journal Launches
In GSA’s 71-year history, there have been few milestones larger than the launch of a new Society journal. November sees the debut of Innovation in Aging, an online only, open access publication. In this format, GSA members now have a new outlet to rapidly disseminate transformative, interdisciplinary research while using new article types on a wide number of subject areas.

World Congress Draws Record Abstracts
There is a growing sense of excitement as GSA prepares to host the World Congress of Gerontology and Geriatrics in San Francisco next July. We received more than 7,100 individual abstract submissions (about twice the number typically submitted for GSA’s meeting), shattering the record from any previous World Congress.

GSA Aids Providers in Cognitive Impairment Detection
The Society launched a new toolkit to aid health care providers in detecting cognitive impairment as soon as possible and enable proper referral and care. This toolkit was based on the KAER (kickstart, assess, evaluate, refer) model developed by GSA’s member-led Workgroup on Cognitive Impairment Detection and Earlier Diagnosis and introduced at an August summit.

ICAMP Academies Bolster Vaccination Efforts
GSA conducted five Immunization Champions, Advocates, and Mentors Program (ICAMP) Academies, which welcomed more than 300 champions from a variety of health care settings representing many disciplines. Through this training, GSA assists providers in integrating proven, reputable tools and resources into their organizations to support the immunization of patients across the lifespan.

For the second time, GSA was a co-sponsor of a major national summit on geroscience, a field that looks at the relationship between aging and age-related chronic disease. Subsequently, we published a special geroscience-themed issue of The Journals of Gerontology, Series A, which contained manuscripts that mapped future directions for the field.

GSA Joins Call for New Family Caregiver Supports
This fall saw the release of “Families Caring for an Aging America,” a highly anticipated report from The National Academies of Sciences, Engineering, and Medicine that had input from many GSA members. With a grant from the John A. Hartford Foundation, GSA is working to broadly share the recommendations found in the report and help move them into implementation across the country.

Journalism Program Coverage Spreads
For its seventh cohort, the Journalists in Aging Fellows Program welcomed 16 new fellows for a total of 118 participants to date. The program is now supported by funding from five organizations and has generated nearly 450 stories since 2010 — stories that were largely made possible by GSA members’ interaction with the reporters at Annual Scientific Meetings and beyond.

Next date to remember: December 1, 2016
Abstract notifications sent; registration opens; call for late-breaking abstracts issued
In Memoriam

GSA Fellow Karl Kosloski, PhD, passed away at the age of 66 on September 28. He was a retired professor and chair of the Department of Gerontology at the University of Nebraska at Omaha (UNO), where he focused on family caregiving. Kosloski earned his doctorate in social psychology from the University of Nevada-Reno, and worked as a faculty member and researcher at the College of St. Scholastica, Wayne State University, and the University of Kansas.

New Books by Members

- Plan to Live Forever,” by Jonathon C. Leise, MBA, CFP. Published by WestBow Press, 2016.
- “Occupational Therapy with Aging Adults: Promoting Quality of Life through Collaborative Practice,” edited by Karen F. Barney, PhD, OTR/L, FAOTA, and GSA Fellow Margaret A. Perkinson, PhD. Published by Elsevier, 2016.

Members in the News

- WBUR Radio interviewed GSA Fellow Jerri Edwards, PhD, on August 1 in a radio segment for the show “Here & Now.” The interview focused on whether or not brain speed training games can cut dementia risk.
- Esteban Calvo, DrPH, MPH, was quoted by The Washington Post on June 22 in an article titled “No Longer Slaves to the Clock, Retirees Must Consider Anew How to Use Time.” The piece covered how adults can make a smoother transition into retirement.
- The Washington Post quoted GSA Fellow George Demiris, PhD, in an article titled “How Dementia Makes It Harder to Offer End-of-Life Comfort,” published on September 4. The article reviewed Demiris’ recent study on why dementia caregivers need more support for when an individual enters hospice.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Brian Carpenter, PhD

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

We would also like to note that a total of 18 new members were referred to GSA through September’s Membership Month. Thank you to everyone who participated!

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Rebecca Allen, PhD

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

Perkinson Appointed Director of Center on Aging

The University of Hawai‘i at Mānoa (UHM) Myron B. Thompson School of Social Work has announced the appointment of GSA Fellow Margaret “Peggy” Perkinson, PhD, as director of the UHM Center on Aging. Perkinson is a medical anthropologist and social gerontologist, specializing in global aging, dementia care research and cultural dimensions of aging. She has served on the faculty of Saint Louis University, Washington University at St. Louis, University of Missouri, and University of Maryland, and served as a senior research scientist at the Philadelphia Geriatric Center. As director, Perkinson will strengthen interdisciplinary research and education in aging at UHM by encouraging wider faculty and departmental participation in gerontology research and education initiatives.

Holley Earns Named Professorship

Lyn Holley, PhD, was named the Chuck Powell Professor of Gerontology at the University of Nebraska Omaha (UNO). Holley is a member of the UNO Thompson Learning Community, graduate faculty, Native American studies faculty, and honors faculty, and she has received awards for teaching excellence that include the 2009 UNO Alumni Association Teacher of the Year Award, the 2010 UNO Faculty Service Learning Award.

Fielding Bestows Isele with Award

The School of Leadership Studies at Fielding Graduate University recently honored Elizabeth Isele with the school’s Creative Longevity and Wisdom Award at the Positive Aging Conference in Washington, DC. The award is conferred on individuals who have demonstrated a lifetime of service and impact in the field of aging, either through their scholarship or community practice. Isele is a global leader and her pioneering work is transforming the culture of aging and retirement. She has been a frequently consulted expert on senior and intergenerational entrepreneurship for the White House, Congress, the State Department, the European Union, and the Organization for Economic Cooperation and Development, as well as many other governments, universities and private sector corporations worldwide.

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:

- Nattie Leger: “In the process of expanding our immunization program in our Primary Care clinics across our 9 hospital health system. Does anyone have a suggestion on the pharmacy benefit approval process?”
- Alan Stevens, PhD: “The report also examines the available evidence on the effectiveness of programs and interventions designed to support family caregivers. It concludes with recommendations for developing a national strategy to effectively engage and support them.”
This is a continuation of my interview with two long-time friends and true aging experts, Tricia Neuman, a senior vice president at the Henry J. Kaiser Family Foundation and its director of the Program on Medicare Policy and its Project on Medicare’s Future; and Howard Bedlin, vice president for public policy and advocacy at the National Council on Aging.

Tricia: Even before we talk about some of the proposals under discussion to reform Medicare and Medicaid, it is worth thinking about the effects of repealing parts of the Affordable Care Act (ACA) — because it is a proposal that continues to come up. What could happen if all the Medicare savings provisions are repealed, a possibility if the ACA is repealed in its entirety as some have proposed? A total repeal of the ACA would increase costs to Medicare. The rise in Medicare spending would lead to a rise in Medicare premiums and would shorten the life of the Medicare Hospital Insurance Trust fund. If the controversial Independent Payment Advisory Board is repealed by itself, without repealing the other provisions in the ACA, Medicare spending will rise. All of the payment delivery system innovations that are being tested would potentially go away. The Center for Medicare and Medicaid Innovations, which manages and oversees all those programs, would go away too, because it would presumably lose its funding. And the improvements made by the ACA to the Medicare drug benefit improvements would be unraveled, recreating a jumbo donut hole in the Part D benefit. A repeal of the ACA would also add back cost-sharing requirements for several preventive services covered by Medicare. Taken together, total repeal of the ACA would result in a fairly sudden and dramatic increase in cost for seniors and the program.

Howard: At this point, the ACA is not going to be repealed, but we do need to protect specific innovations and benefits. Politically, there are a number of Republicans who confidentially support particular provisions of the law. Regardless of what happens in the elections, there will be some very serious discussions about how to fix problems with the exchanges. But reforms will require an environment where people want to come together and compromise, and some Republicans may want to cut Medicare or Medicaid as a price for fixing ACA problems.

Brian: What about buy-in proposals for the pre-Medicare population next Congress?

Tricia: Prior to the ACA, the people who were in their late 50s and early 60s were the group that had the most trouble finding affordable insurance because of preexisting conditions. There are a number of questions about how a buy-in would be structured. Would people buy into a program that is separate from Medicare or a part of Medicare? Could they choose traditional Medicare or Medicare Advantage plans? How would federal subsidies be calculated — as they are calculated in the Marketplace or how they are calculated for people on Medicare, and what would this mean in practice in terms of how much would people pay in premiums?

Howard: In general, when you consider how insurance markets work, you look at the risk pool of enrollees, and you want to have younger, healthy people paying premiums who are less likely to use services who will offset the cost of sicker, sicker people who will use the most services. Proposals to lower the eligibility age for Medicare have the potential to improve the risk pools for both Medicare and the Exchanges, because if you're looking at the 55- to 64-year-old population, putting them into Medicare will bring relatively younger, healthier enrollees, while the Exchanges will lose relatively older, sicker enrollees.

Tricia: That’s a really good point, and it’s the opposite of what could happen if one increased the Medicare eligibility age making the Medicare population older (and sicker) and the Exchange population older (and sicker).

Brian: What do you predict will happen in the health care and chronic care arenas next Congress?

Howard: In the next Congress, there will be Medicare and likely Medicaid legislation moving. Last year Congress passed the MACRA bill, commonly referred to as the “doc-fix,” which was primarily significant changes to how Medicare pays for physician services. But there were a number of extremely important provisions in the law that were not made permanent, foremost among them the Children’s Health Insurance Program, or CHIP, which is a high priority for Hillary Clinton. On the Medicare side, probably the most prominent expiring provision involves exceptions to physical and occupational therapy caps. Both of those expire October 1 of next year. So, we’re pretty sure that a health bill will pass next year, most likely in September. There is a Medicare low-income outreach and enrollment provision that also expires then, and many beneficiary groups would like to see low-income improvements be part of the package. Chronic care provisions being drafted by the Senate Finance Committee could also be part of the package, and we are hopeful that some beneficiary-friendly provisions will be included.

Tricia: It is hard to predict the outcome the election, and the outcome matters in terms of the Medicare and Medicaid debate.
If Congress moves forward with a budget bill, or even tax reform, Medicare could be part of the mix. Generally, when there are big budget discussions on the table, Medicare is smack in the middle.

Brian: The House Energy and Commerce Committee has held a series of meetings of its Medicaid Task Force looking at issues such as eligibility changes. Many worry about spousal impoverishment.

Howard: Medicare is very complicated, but Medicaid is even more complicated. Frankly, you could probably count on one hand the number of Hill staff who truly understand Medicaid. I do think some issues are ripe for discussion, such as better data collection, dual eligible demonstrations that could bring positive changes, and improving access to home and community based services, which is one of our priorities. We have been working with Senators [Orrin] Hatch and [Ron] Wyden’s staff about extending the expired Money Follows the Person Program, for example. There is also an ACA provision providing spousal impoverishment protections for those receiving HCBS that expires in 2019, so we’re working on a bill to make that permanent. Many federal Medicaid issues revolve around how much flexibility to give the states and what the federal matching rates are. We need to make sure that a solid foundation of federal consumer protections continues, and that no artificial spending caps are placed on federal spending which would force states to cut benefits and reduce quality of care.

Tricia: One issue that’s not getting enough attention relates to the medical care that is provided to people living in assisted living and nursing homes. It has been 30 years since the Institute of Medicine took a serious look at this, and 30 years since the OBRA ’87 comprehensive home reform amendments were enacted into law. The administration recently put out some new requirements for nursing homes, but it may be time to take another look, to review what has and has not been working for older folks and people with disabilities who are living in various facilities and what more the federal government can do to ensure that people are getting the care they need? One of the demonstrations that is in the field at the moment is looking at reducing hospital readmissions among the nursing home population. The nursing home population includes some of the most high-need, high-cost segments of the Medicare population. There’s every incentive for facilities to send residents to the hospital when there’s any indication of a problem. An unnecessary hospitalization can create serious health problems for residents, and raises costs for Medicare and Medicaid. People think of this as a Medicaid issue, but it is also one that affects Medicare. Medicaid pays directly for nursing home care, but because people in nursing homes go back and forth to and from the hospital, it’s a Medicare expenditure.

Howard: Two follow up points: one of the big issues that we really need to address is the workforce question, particularly the direct-care workforce, nurse aides in nursing homes; home health aides for home and community based services. The demand, because of demographics, is going to increase very significantly. These workers often get minimum wage and no health insurance, contributing to a lot of turnover. We need to have a national policy that provides meaningful wages and benefits, and helps to addresses the significant staffing shortfalls that could get much worse down the road. In terms of hospital admissions and readmissions, I think there’s more that could be done. We need to remember that solvency and trust fund concerns relate to Medicare Part A, which is largely inpatient hospital care. On the prevention side, the annual Medicare Wellness Visit could be made more effective. Falls are a huge issue costing about $32 billion a year that often lead to hospital admissions and readmissions. Improving access to evidence-based falls prevention programs could significantly reduce the human and financial costs. Helping people with chronic conditions to better manage their own care is another key issue that saves money and improves quality that we hope Congress will address. Successful programs like the Stanford Chronic-Disease Self-Management Program are not paid for by Medicare and many chronically ill seniors who need help are not getting it.

Brian: Another nursing home and assisted living related issue is the underfunding of the Long-Term Care Ombudsman in the Older Americans Act. I’ve always thought that Medicare and Medicaid dollars could be used to expand the ombudsman program.

Tricia: I think previously, it was really considered more of a Medicaid issue, but Medicare clearly has a stake in the well-being of people living in nursing homes and assisted living facilities. Making that connection seems like a very good idea, both for patient care and to improve the way Medicare is functioning. I think to build on what Howard was saying, a new focus has been on transitions and that there needs to continue to be pressure to improve transitions for people when they’re leaving hospitals, or when they’re going back and forth to different facilities. You hear all too often about people getting discharged without proper instructions, and when things go wrong, they don’t know what to do. Even people going back to a nursing home where the nursing home doesn’t know how their drugs have been changed, or having clear direction on the care that is needed. Better information flow is critical here — it seems so simple!

Brian: Thank you so much for your time. Is there anything else you’d like to mention that GSA members should be thinking about with a new Congress and administration coming?

Tricia: Well, we all play an important role in the policy making process. Facts do often matter, and equally important can be the power in telling a story and presenting evidence; that can be very, very compelling. Policymakers can be profoundly influenced by learning about the success of a program that affects real people in their state or in their district and learning what’s working and what’s not. While there are ongoing demonstrations that have a life of their own, it’s also really important to bring new ideas to the table so that there continues to be a push from the community at large — researchers, clinicians and others — to help policymakers understand what they should be doing to accelerate what’s working, and to stop what’s not working. So GSA can play a major role in this process.
New resources

ESPO Webinar Focuses on Social Media, Technology
On October 14, GSA’s Emerging Scholar and Professional Organization (ESPO) hosted the sixth entry in its Professional Development Webinar Series, titled “More Than Just Memes: Using Social Media and Technology to Boost Your Career.” It was presented by Melissa Batchelor-Murphy, PhD, RN-BC, FNP-BC, an assistant professor at the Duke University School of Nursing. In this webinar, she discusses how she developed a plan to increase her social media repertoire (as a nurse scientist, educator, and clinician), and her plans to advance this innovative means of disseminating her science to the next level. The presentation slides and recorded webinar can be accessed at geron.org/webinar.

New Change AGEnts Paper Provides Roadmap for Developing Age-Friendly Primary Care
A new paper released today by The John A. Hartford Foundation Change AGEnts Initiative Patient-Centered Medical Home (PCMH) Network, titled “Patient-Centered Medical Homes and the Care of Older Adults: How Comprehensive Care Coordination, Community Connections, and Person-Directed Care Can Make a Difference,” provides guidance for how PCMHs can improve health outcomes for this population and achieve an improved system of care. This detailed and practical publication describes compelling stories of how PCMHs have transformed outcomes for older adults; how practices can improve outcomes by implementing evidence-based models of care; how community-based organizations can play an integral role in helping PCMHs maintain older adults’ independence and quality of life; recommendations for actions PCMHs can take to enhance primary care delivery; how advanced PCMHs can benefit under the Medicare Access and CHIP Reauthorization Act and employ advanced alternative payment models without putting themselves at risk of financial loss; the challenges and opportunities PCMHs face in five areas (comprehensive care, whole-person care, patient empowerment and support, care coordination and communication, and ready access to care); and links to resources to aid PCMHs in addressing workforce issues, partnering with community-based organizations, accessing clinical assessment tools, ensuring patient safety, and more. Visit bit.ly/2cjYpG8 to access the report. For a hard copy, e-mail changeagents365@geron.org. The Change AGEnts Initiative is administered by GSA and is funded by The John A. Hartford Foundation.

Video Focuses on Suicide Prevention Among Older Adults
The Suicide Prevention Resource Center (SPRC) has released the latest video in its SPARK Talk series, which examines mental health care and suicide prevention for older adults. “Reaching Older Adults” discusses the importance of integrating mental health into aging services programs, such as senior centers. The SPARK series, which stands for “short, provocative, action-oriented, realistic, and knowledgeable,” features videos of leaders in suicide prevention. The new video can be viewed at go.edc.org/older-adults. Additional resources can be found at www.sprc.org/populations/older-adults.

New App Lets Caregivers Help Themselves, Others
The University of Southern California (USC) Leonard Davis School of Gerontology and the USC Family Caregiver Support Center (FCSC) have partnered with Care3, a developer of mobile health technology, to provide care planning and secure electronic support resources to all of the organization’s clients and their families. Through a mobile app that complies with HIPAA medical privacy regulations, FCSC clients who create a list of care activities with guidance from the center’s staff will be able to access their loved one’s care plan, receive reminders, check off completed care tasks and send text messages to FCSC staff. The staff can also access the information to get instant, active feedback on the care plan and determine if the caregiver needs help with any issues. In addition, the app will offer caregivers self-care reminders and tips, including instructions for relaxation exercises. Family caregivers often develop illnesses while caring for loved ones; the support center hopes to address caregivers’ stress, burnout and other health issues with the Care3 software. Founded by three former Aetna executives with entrepreneurial backgrounds in consumer and enterprise health technology, Care3 combines patient and family engagement with post-acute care coordination on the same platform to improve outcomes and reduce costly hospital readmissions. The software was first designed for use by home health agency workers before its adaptation for family caregivers.

UT Professor Develops App for Patients Who Can’t Speak
Patients who are unable to communicate with their health care providers are now able to better verbalize their needs, thanks to a new app developed by Rebecca Koszalinski, an assistant professor of nursing at the University of Tennessee, Knoxville. Speak for Myself was developed by Koszalinski, an assistant professor of nursing at the University of Tennessee, Knoxville. Speak for Myself allows intubated and voiceless patients to communicate pain, fear, anxiety, loneliness and toileting requests to their doctors and nurses through an iPad or Android tablet. The app was tested at three hospitals in South Florida to provide Koszalinski with feedback from patients, nurses and family members. “We discovered the app helped patients communicate their needs, which led to improved care,” said Koszalinski. Through an internal grant, Speak for Myself was updated to work across a variety of mobile platforms with natural-sounding male and female voices, support for multiple languages and advanced care planning items. Further testing is planned with patients in the Knoxville and East Tennessee region. “The ultimate goal is to make Speak for Myself available to all intubated patients so they can communicate their thoughts, needs and preferences clearly and easily,” said Koszalinski.
How to Make the Most of the Annual Scientific Meeting

By Elizabeth Rickenbach, PhD

Prepare • The importance of preparation for the meeting cannot be overstated, and it applies to many facets of the conference experience. Prepare your school work and other responsibilities ahead of time because as much as you think you might get that work done during the meeting, there is a pretty good chance you might not get as much work as you plan to! Prepare your presentation for the meeting. If you are like me, sometimes work is done up until the last minute. However, trust me, this is no fun when you are getting ready to present to colleagues and esteemed scholars in your field!

Network • Besides listening to and presenting research, one of the greatest opportunities of attending the meeting is the opportunity to network with peers, scholars, fellows, and potential future colleagues and employees in your field. GSA brings together minds from all over the world who share a passion and desire to teach, conduct research, and serve others in the goal of understanding and optimizing the experience of aging. While GSA is a massive organization with thousands of attendees, the gerontology community eventually feels relatively close-knit. Taking advantage of opportunities to network and get involved in leadership opportunities within ESPO and GSA, in general, can help the organization feel like your research home. Former ESPO Chair Katherine Hall and current ESPO Chair Jaime Hughes previously presented a webinar focused on providing tips and advice on how to network at the Annual Scientific Meeting. I recommend viewing this at www.geron.org/webinar if this is your first meeting.

Fit in Time for You (and Rest) • The conference is packed with events from early morning through the evening each day for several days. Going to events non-stop is a tough schedule to maintain. Hitting the hotel gym early in the morning before the conference, taking a breather outside in the fresh air, and walking out to lunch with colleagues is a great way to give your mind a break between events and sessions. Fitting in time for you also means trying to maintain your usual sleep, diet, and exercise routines as much as you can. Trust me, you will feel better for it, get more out of the entire meeting experience, and hopefully avoid catching a cold!

Enjoy • But most of all, enjoy yourself! As a student or early-career scholar, the conference is a great first opportunity to learn more about the field of gerontology and discover specific topics first-hand with the researchers doing the work. Explore the sessions and events that most interest you and have fun!

Continued from page 1 – Innovation in Aging Will Explore Frontiers of Gerontology

The new journal’s editor-in-chief is Laura P. Sands, PhD, a faculty member of the Center for Gerontology and professor of human development at Virginia Tech.

“I am excited to work with the editorial board members of Innovation in Aging, including the two deputy editors-in-chief, Steven M. Albert of the University of Pittsburgh Graduate School of Public Health and J. Jill Suito of the Purdue University Department of Sociology, to launch an open access journal that will rapidly disseminate transformative, interdisciplinary research that addresses 21st century issues in aging,” Sands said. “I look forward to working with the other GSA editors to increase publication opportunities for high-quality, novel research that that expands the range of topics covered by the other GSA journals.”

With content intended to reflect the diverse scholarly interests of GSA members, the journal will publish many types of articles, including novel conceptual or theoretical models; evaluation of interventions, approaches, or policies; innovative research methods including new techniques, devices, or evaluation methods; interdisciplinary research that transfers concepts, methodologies, and interventions from other fields to studies of aging and the life-course; and modeling and simulations that describe factors and processes that affect outcomes during aging and the life course.

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With content intended to reflect the diverse scholarly interests of GSA members, the journal will publish many types of articles, including novel conceptual or theoretical models; evaluation of interventions, approaches, or policies; innovative research methods including new techniques, devices, or evaluation methods; interdisciplinary research that transfers concepts, methodologies, and interventions from other fields to studies of aging and the life-course; and modeling and simulations that describe factors and processes that affect outcomes during aging and the life course.
Call for 2017 Award Submissions

The Gerontological Society of America recognizes outstanding individuals through a variety of awards. The 2017 award recipients will be recognized at the 21st International Association of Gerontology and Geriatrics World Congress, which GSA will host from July 23 to 27, 2017, in San Francisco, California. For a full description of nomination requirements, how to nominate, and the list of past awardees, visit www.geron.org/membership/awards or e-mail awards@geron.org.

CAREER AWARDS

Nominations for these awards must be submitted by February 1, 2017. Self-nominations are not accepted.

SOCIETY-WIDE

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

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

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

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

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

2015 Minority Issues in Gerontology Outstanding Mentorship Award recipient Keith E. Whitfield (center, with plaque)
2015 Maxwell A. Pollack Award for Productive Aging recipient Katie Maslow (left) with Pollack Award Committee Chair Barbara Berkman (right)
2015 Margaret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology recipient Nilam Ram (center) with presenter Jacqui Smith (left) and Baltes Award Committee Chair Harvey Sterns (right)
BEHAVIORAL AND SOCIAL SCIENCES (BSS) SECTION

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

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

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

BIOLOGICAL SCIENCES (BS) SECTION

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

HEALTH SCIENCES (HS) SECTION

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

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

SOCIAL RESEARCH, POLICY, AND PRACTICE (SRPP) SECTION

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

Carroll L. Estes “Rising Star” Award
This award acknowledges outstanding early career contributions in social research, policy, and practice.

2015 Donald P. Kent Award recipient Eric R. Kingson (left) with 2015 Robert W. Kleemeier Award recipient Kyriakos Markides (right)
2015 Doris Schwartz Gerontological Nursing Research Award recipient Mary Naylor (left) with Nursing Care of Older Adults interest group Co-Convener Pamela Cacchione (right)
2015 M. Powell Lawton Award recipient Sharon Inouye (left) with 2014 recipient Laura Gitlin (right)
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Carbonell served as the third Assistant Secretary for Aging at AoA, appointed by President Bush in 2001 and served in the position until 2009. She is currently the Senior Vice President of Long-term Care & Nutrition at Independent Living Systems and serves on the Board of Directors of the National Council on Aging.

MARTHA PELAEZ

Pelaez is a founder and consultant for Network Development and Operations at Florida Health Networks, LLC and leads the Health Foundation of South Florida, Healthy Aging Regional Collaborative (HARC). She was previously the Pan American Health Organization/World Health Organization Regional Advisor on Aging and Health.

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USI to Host Dementia Care Training Program Through State Grant

The University of Southern Indiana (USI) Center for Healthy Aging and Wellness is in the first phase of implementing a $75,000 grant from the Indiana State Department of Health to fund dementia care training for nursing home staff members in southwest Indiana. As part of a two-day training, leading international dementia care expert Teepa Snow led a training session at USI on August 6, for area nursing home employees. Snow shared her Positive Approach to Care (PAC) training model, which started the year-long program designed to improve the quality of life among elders with Alzheimer’s disease and dementia.

Twelve nursing homes are participating in the PAC training. Housed in the College of Nursing and Health Professions, the USI Center for Healthy Aging and Wellness has been under the direction of GSA member Katie Ehlman, PhD, since its inception in 2008. She said this PAC training will teach area caregivers how to “live in relationship with a changing brain.” In the 12-month period following the PAC training at USI, a PAC-certified “coach” and “trainer” from each participating nursing home will conduct a series of in-services for other staff members on a variety of topics related to dementia, including right and left brain, normal and not normal aging, positive approach, changing habits, challenging behaviors and caring for the caregiver. The instruction at USI will be followed by three hours of telephone support and training review from Snow’s staff in North Carolina. USI will also offer ongoing support and resources to help trainers and coaches work with staff in their respective nursing homes. “Funding for this program trains 24 expert dementia trainers and coaches, two from the 12 participating nursing homes” said Ehlman. “Through this train-the-trainer model, several hundred nursing home staff members will go through the training series, potentially impacting more than 1,000 nursing home residents in southwest Indiana.”

Bowling Green’s Nascent Optimal Aging Institute Secures Funding

The Optimal Aging Institute (OAI) Bowling Green State University has received a five-year commitment of financial support from Medical Mutual of Ohio. The OAI was strategically developed in 2016 to provide learning opportunities and educational materials focusing on optimal aging for service providers, health systems, entrepreneurs, corporations, caregivers, and older adults. The goals of the OAI are to educate students about topics and issues related to optimal aging and become recognized as an educational institution that focuses on optimal aging (with a special emphasis on health, wellness, and preventative care); to be the regional incubator for innovative programming, products, and applied research that will enhance the seven dimensions of wellness among middle-aged and older adults; to provide learning opportunities and educational materials focusing on optimal aging for service providers, health systems, entrepreneurs, corporations, caregivers, and older adults; and to become a regional advocate for programs and services tailored for older adults by strategically mobilizing university and community resources. For more information, contact GSA member Nancy Orel, PhD, at norel@bgsu.edu.

Continued from page 1 – Tap GSA Names Contribute to NAM’s Vital Directions Series

“The success we have had over the 20th century of extending life expectancy is something to celebrate,” said Fulmer, the president of the John A. Hartford Foundation. “We now have the mandate to make the same great strides in the quality of care and quality of life for older adults.”

The authors state that the American health care system currently is unprepared to provide the medical and support services needed for the country’s aging population, nor is it investing in keeping people healthy into their highest ages. But the article concludes by stating that the recommendations contained therein are achievable, and none is expected to be associated with great cost. In many cases, the authors point out, the recommendations call for support of strategies that have proven to be effective but have not been disseminated widely because of structural or funding limitations.

The NAM’s Vital Directions Initiative aims to ensure that nonpartisan, evidence-based analysis of health policy opportunities and priorities is available to policymakers as well as other key decision makers, opinion leaders, and the public.

Guided by an 18-member steering committee, the NAM called on more than 100 leading researchers, scientists, and policy makers from across the U.S. to provide expert guidance on 19 priority focus areas for the country’s health policy. The resulting collection of discussion papers is organized around three overarching goals: better health and well-being (the category under which the aging article falls); high-value health care; and strong science and technology.

“America’s rapidly aging population is placing increasing demand on our health care workforce, delivery, and financing systems,” said NAM President Victor Dzau, MD. “We believe it is critical to identify strategies to ensure that our seniors live healthy, productive lives and receive the very best care as they age.”

Dzau was the lead author of an article about the about the Vital Directions Initiative that appeared in the August 16 edition of JAMA: The Journal of the American Medical Association. In September in Washington, DC, the NAM hosted a public symposium to discuss policy directions proposed in these papers, identify outstanding questions, and explore cross-cutting opportunities. Throughout the coming year, the NAM will continue to convene stakeholders and promote public engagement around priorities for accelerating progress in U.S. health and health care. More information, including the full text of the 19 articles, can be found at nam.edu/vitaldirections.
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NIA Preparing for Numerous Alzheimer’s Grants

National Institute on Aging Director Richard Hodes, MD, has published a new blog post at bit.ly/2eaZwbd that describes how the agency is planning to release numerous funding opportunities related to Alzheimer's disease research in the coming months. The blog also links to the list of concepts that will be covered in these grants, including resource leverage, caregiving and clinical care, translation, basic research, and training. Stay tuned to GSA communications for information about these grants as the announcements are released.

BRAIN Initiative Yields Postdocs

The National Institutes of Health (NIH) and several components of its participating organizations are offering a Postdoctoral Individual National Research Service Award within the BRAIN (Brain Research through Advancing Innovative Neurotechnologies) Initiative Fellows program. The purpose of this program is to enhance the research training of promising postdoctorates, early in their postdoctoral training period, who have the potential to become productive investigators in research areas that will advance the goals of the NIH's BRAIN Initiative. Applications are encouraged in any research area that is aligned with the BRAIN Initiative, including neuroethics. Applicants are expected to propose research training in an area that complements their predoctoral research. Formal training in quantitative perspectives and analytical tools is expected to be an integral part of the proposed research training plan. In order to maximize the training potential of the award, this program encourages applications from individuals who have not yet completed their terminal doctoral degree and who expect to do so within 12 months of the application due date. On the application due date, candidates may not have completed more than six months of postdoctoral training. Letters of intent are due February 15, 2017, and applications are due March 15, 2017. Visit bit.ly/2eXEbS for full details.

NIH Awards Will Bolster Biomedical Faculty of Underrepresented Backgrounds

The National Institutes of Health (NIH) and several components of its participating organizations have issued a Support of Competitive Research (SCORE) Program Research-Enhancement Award opportunity. SCORE is a developmental program designed to increase the research competitiveness of faculty and the research base at institutions with an explicitly stated historical mission and/or a demonstrated historical track record of training and graduating students from backgrounds underrepresented in biomedical research. Eligible institutions must award science degrees to undergraduates (B.S. or B.A.) and/or graduate students (M.S., or Ph.D.) and have received less than 6 million dollars per year of NIH R01 support (total costs) in each of the last two fiscal years. The first due date is January 25, 2017. Further information can be found at bit.ly/2eeTe6P.

NIA Grants Focus on Changes in Cellular Architecture

The National Institute on Aging (NIA) has issued a funding opportunity announcement seeking applications that propose innovative research strategies aimed at increasing the understanding of the changes in cellular architecture that occur during the aging process. Studies on cytoskeleton structure and function, the impact of the cytoskeleton on intracellular organelle interactions, and signaling or regulatory molecules controlling cellular architecture will be considered. There is interest in studying the role of the cytoskeleton in nuclear-cytoplasmic communications, and in spatio-temporal relationships during the aging process and in age-related diseases. Standard submission due dates apply with the earliest submission date of January 5, 2017. All information can be obtained at bit.ly/2dBuRmq.

NIAAA Offers Funds for Collaborative Research on HIV/AIDS, Alcohol

A new funding opportunity from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), titled “Collaborative Research in HIV/AIDS, Alcohol, and Related Comorbidities (U01),” encourages new research into the identification, analysis, and treatment of HIV/AIDS and associated comorbidities impacted by alcohol use (e.g., Hep C, TB, Depression, HAND, other associated substance use, including medication polypharmacy) by fostering collaborations between NIAAA-supported investigators and those currently unaffiliated with the NIAAA HIV/AIDS research activities. Each site has its own program director/principal investigator and the program provides a mechanism for cross-site coordination, quality control, database management, statistical analysis, and reporting. Applications are due January 4, 2017. Read the full announcement at bit.ly/2dnKjNF.

Federal Funds Slated for Research on Alzheimer’s Decision Making

The National Institute on Aging (NIA) is inviting grant applications for basic research to better characterize the affective, cognitive, social, and motivational parameters of impaired and intact decision making in both normal aging and Alzheimer’s disease (AD). Research is sought that will characterize the extent to which basic behavioral and neural processes involved in decision-making are differentially impacted in normal aging and AD, investigate the influence of social factors on decision-making, and investigate the decision-making factors that render older adults (with or without cognitive impairment) vulnerable to financial exploitation and other forms of mistreatment and abuse. The funding opportunity also invites applications to apply basic research on the processes involved in decision-making to the design of decision-supportive interventions for midlife and older adults with and without AD. Specific opportunities include the development of decision supportive interventions to leverage cognitive, emotional and motivational strengths of these populations; tools to assess decisional capacity; strategies for simplifying choices and offering better defaults; and the promotion of timely adoption of optimal delegation practices (e.g., power of attorney, living wills, etc.). Standard submission dates apply with the earliest submission date of January 16, 2017. See bit.ly/2d71vZL to learn more.
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Age UK Report Highlights Challenges of Care Financing
A new report from Age UK, “Behind the Headlines: Stuck in the Middle — Self Funders in Care Homes” is based on actual calls to Age UK’s information and advice line, and highlights the problems people face navigating a complex market and the difficult position they can find themselves in when terms change suddenly or in ways that they don’t think are fair. The report also reveals the extent to which “self-funders” are ultimately paying the price for a care system under severe pressure. Care home providers have been increasingly financially squeezed, above all by big cuts in public funding for social care that in turn are forcing local authorities to drive down prices. As a result, many care homes are struggling to balance the books and turning to self-funders to make up the shortfall to keep their homes open. Self-funders are still largely unprotected when it comes to being able to remain in their care home as they have no security of tenure. In addition, there are no specific measures to ensure fair contracts in care homes and older people who pay for their own care do not enjoy the protection of the Human Rights Act, whereas those whose care is organized by the State do. As long as this is the case many residents and their families will understandably be reluctant to complain or to challenge apparently unfair actions by care homes, for fear of being asked to leave. The full report can be obtained at bit.ly/2e4tEzV.

Older Australians Becoming More Active
Older Australians have active social lives and are getting more exercise, according to new data from the Australian Bureau of Statistics (ABS). “The number of older Australians aged 65 years and over who participated in exercise or physical recreation increased from 44.5 percent in 2012 to 49.2 percent in 2015,” said Justine Boland, ABS program manager of health and disability statistics. “This is great news, as we know an active and social lifestyle is associated with better health outcomes,” she said. In 2015, there were an estimated 3.5 million Australians aged 65 years and over, representing one in every seven people (15.1 percent). This proportion has increased from 14.3 percent in 2012 and 13.3 percent in 2009. While the proportion of older Australians has increased, the prevalence of disability amongst older people has decreased. “In 2015, 50.7 percent of older people were living with disability, down from 52.7 percent in 2012,” said Boland. The proportion of all older Australians who needed assistance with at least one activity has also decreased to 38.6 percent in 2015, down from 41.9 percent in 2012. “These findings reveal a positive trend that older Australians are healthier, living longer without disability and are in less need of assistance,” said Boland. Further information is available in “Disability, Ageing and Carers, Australia: Summary of Findings” at bit.ly/2eypnIr.
Editor Nominations

*The Journal of Gerontology: Biological Sciences*®
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The Gerontological Society of America® (GSA) Publications Committee is seeking nominations for the position of Editor-in-Chief of the Biological Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*.

*The Journal of Gerontology: Biological Sciences* publishes articles representing the biological aspects of aging in areas such as biochemistry, biogerontology, cellular and molecular biology, comparative and evolutionary biology, endocrinology, exercise sciences, genetics, immunology, morphology, neuroscience, nutrition, pathology, pharmacology, physiology, vertebrate and invertebrate genetics, and biological underpinnings of late life diseases.

The 4-year term will become effective January 1, 2018. The Editor-in-Chief makes appointments to the journal’s Editorial Board and develops policies in accordance with the scope statement prepared by the GSA Publications Committee and approved by the GSA Council. The Editor-in-Chief works with reviewers and has the final responsibility for the acceptance of articles for his/her journal using the online platform, ScholarOne Manuscripts. The editorship is a voluntary position with an institutional allowance. Candidates must be dedicated to developing a premier scientific journal.

Nominations and applications may be made by the candidate or others, and must be accompanied by the candidate’s curriculum vitae and a letter of intent.

All nominations and applications must be emailed to Judie Lieu at jlieu@geron.org by March 31, 2017.

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Editor Nominations

*The Journal of Gerontology: Psychological Sciences*®
Impact Factor: 2.813
5-Year Impact Factor: 3.488

The Gerontological Society of America® (GSA) Publications Committee is seeking nominations for the position of Editor-in-Chief of the Psychological Sciences section of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*.

*The Journal of Gerontology: Psychological Sciences* publishes articles on development in adulthood and old age that advance the psychological science of aging processes and outcomes. Areas of interest include, but are not limited to, attitudes, clinical applications, cognition, education, emotion, health, human factors, interpersonal relations, neuropsychology, perception, personality, physiological psychology, social psychology, and sensation.

The 4-year term will become effective January 1, 2018. The Editor-in-Chief makes appointments to the journal’s Editorial Board and develops policies in accordance with the scope statement prepared by the GSA Publications Committee and approved by the GSA Council. The Editor-in-Chief works with reviewers and has the final responsibility for the acceptance of articles for his/her journal using the online platform, ScholarOne Manuscripts. The editorship is a voluntary position with an institutional allowance. Candidates must be dedicated to developing a premier scientific journal.

Nominations and applications may be made by the candidate or others, and must be accompanied by the candidate’s curriculum vitae and a letter of intent.

All nominations and applications must be emailed to Judie Lieu at jlieu@geron.org by March 31, 2017.

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