A major summit that GSA and its members helped organize has paved the way for new strides toward improving the lives of people affected by dementia.

The National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers — convened on October 16 and 17 at the National Institutes of Health (NIH) — was a two-day meeting of researchers, service providers, persons with dementia, family caregivers, and members of other stakeholder groups.

GSA members Laura Gitlin, PhD, FGSA, and Katie Maslow, MSW, served as co-chairs of the summit. Approximately half of the 77 featured speakers were also GSA members.

“‘This was the first-ever summit focused on what we know and what we need to know to improve evidence-based and evidence-informed care, services, and supports for persons living with dementia and their caregivers,’ said Gitlin, who directs the Center for Innovative Health Care in Aging at Johns Hopkins University. ‘The summit was unique in its inclusion of all’

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GSA Members Find Reward in International Scholarship

The international conferences that GSA has partnered on over the past few years have built bridges between aging organizations and academic institutions around the globe, but they have also yielded a benefit at the individual level — career development for the Society’s members.

Since 2014, GSA has been a partner or co-organizer of about a dozen such conferences, many of them hosted by institutions in China. These arrangements have enabled a combined total of more than 50 GSA members to present their research and serve as official representatives of the Society. Now, attendees from the most recent conference are sharing their stories to showcase the opportunities available to other interested members.

In mid-September, a delegation of GSA members participated in the Sixth Chinese Congress of Gerontology and Health Industry in Suzhou, China. This conference convened 3,000 researchers and academics in gerontology and geriatric medicine.

The GSA delegation included GSA President-Elect David Ekerdt, PhD, FGSA, of the University of Kansas; Ching-Ju Chiu, PhD, of the National Cheng Kung University; Jason Garbarino, DNP, RN, of the University of Vermont; Da Jiang, PhD, of the Education University of Hong Kong; and Shuangshuang Wang, MS, of the University of Massachusetts Boston.

This contingent was coordinated by Jilan Chen, GSA’s controller and director of Asian relations and development. The GSA members had several takeaways from the Congress, summarized by the first-hand accounts shared on page 8.

Continued on page 8
Beyond Thanksgiving, There’s Gratitude

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

Gratitude: the quality of being thankful; readiness to show appreciation for and to return kindness.

As the Thanksgiving holiday approaches, I’m reminded that this November will be unlike any year in our Society’s history as we conduct our first-ever “virtual” transfer of offices. Having elected to forego our own Annual Scientific Meeting to host the World Congress of Gerontology and Geriatrics in July, we’ll be conducting our governance business through webinars and conference calls. Without the flurry of activities that normally surrounds the GSA meeting, and the opportunity it provides me to thank members in person, I’d like to pause for a moment to express my enormous gratitude to the members, volunteer leaders, and officers that are the lifeblood of GSA.

You make a difference every day through your research pursuits, clinical care, and educational activities. And you also find the time to advance the field collectively through your dedicated work with the Society. I appreciate the many roles members play in advancing the Society through multiple GSA activities.

I’m thankful for our outgoing officers, who steered GSA through a monumental year in which we hosted the largest World Congress on record. And the large number of members who served as program planners, abstract reviewers, and presenters for this milestone event were instrumental in its success.

The recent introduction of GSA’s newest peer-reviewed journal, Innovation in Aging, reminds me of how appreciative I am of the vital role all GSA journal editors, editorial advisory board members, reviewers, and authors play in the continual advancement of science through the Society. Likewise, the enormously positive response to the newly published GSA KAER Toolkit reminds me of the role played by so many members in advancing specific strategic alliance projects related to cognitive impairment, adult vaccinations, human-animal interaction, and oral health. Other GSA members have pushed forward policy change at the national level through Congressional testimony. And have you seen the new list from Next Avenue with their 50 top influencers in aging for 2017 (bit.ly/2ylYEOd)? It’s chock full of our colleagues who continue to distinguish themselves across the field.

One of this month’s cover stories talks about two GSA fellows, Katie Maslow and Laura Gitlin, who recently chaired the National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers at NIH. This landmark event involved major stakeholders in our field and will guide research and practice activities for years to come. Katie, a GSA visiting scholar (learn how you can become one at www.geron.org/visitingScholar), was also instrumental in the development of the GSA KAER Toolkit, which helps health care providers initiate conversations about brain health, detect and assess cognitive impairment, diagnose dementia, and provide post diagnostic referrals for education and supportive community services for persons with dementia and their family caregivers.

I want to specifically thank our outgoing president, Barbara Resnick, for her tireless service to the Society. She will be continuing her commitment to advancing GSA as chair of our very active Governance Workgroup, which is tasked with a review process aimed at ensuring the Society’s governance structure is well-positioned to achieve GSA’s vision, mission, and strategic goals in the years ahead. And thank you to all members who provided input to this process through the recently fielded membership survey.

Finally, our incoming officers and volunteer leaders have my deep appreciation as they step up to address the challenges and opportunities of the exciting year ahead.

So until next month, I wish everyone a happy Thanksgiving filled with gratitude!

James
Blieszner Named Dean at Virginia Tech

Former GSA President Rosemary Blieszner, PhD, FGSA, has been named dean of the Virginia Tech College of Liberal Arts and Human Sciences. Blieszner, who is currently serving as interim dean, will continue to lead the college through June 2019. A faculty member in the Virginia Tech Department of Human Development since 1981, Blieszner was named an alumni distinguished professor in 2002. Blieszner’s areas of research interest include spiritual resiliency and aging, mild cognitive impairment in older adults, and the impact on families of caring for older relatives. She has written or edited six books, 42 book chapters, and 78 peer-reviewed journal articles. One recent study, on the impact of loneliness on older adults, received coverage in major media outlets, including the *New York Times* and *National Public Radio*.

Fredriksen-Goldsen Honored for LGBT Studies

Karen Fredriksen-Goldsen, PhD, FGSA, was recently recognized by Fielding Graduate University for her outstanding contributions to the field of positive aging. She was presented the Outstanding Scholar Practitioner Award at the 2017 World Congress of Gerontology and Geriatrics. Fredriksen-Goldsen is an internationally recognized scholar addressing equity and intersections of aging, health disparities, and well-being in marginalized communities. She directed the first national study of health and aging of LGBT midlife and older adults and their caregivers. In the continuation project, Aging with Pride: National Health, Aging and Sexuality/Gender Study, she is leading the first longitudinal study of LGBT midlife and older adult health and aging to identify potentially modifiable factors that account for health trajectories in these communities.

McMullen Earns Outstanding Support Team Award

Tara McMullen, PhD, and colleagues from the Centers for Medicare & Medicaid Services IMPACT Act of 2014 Team were awarded the Bronze Award for Outstanding Para-Professional, Technical, Scientific, and Program Support Team by the Baltimore Federal Executive Board’s 2017 Excellence in Federal Career Awards Program.

In Memoriam

**Jeannine S. “Jaye” Skinner, PhD**, passed away September 1 in Charlotte, NC, at age 35. Skinner obtained her degree in psychology from the University of Central Florida and in 2010 received her PhD in neuropsychology from Howard University. She served as a research instructor of neuropsychology at Vanderbilt University, and worked as an adjunct faculty member in psychology at Belmont University and Fisk University. Skinner joined the faculty of the University of North Carolina at Charlotte in 2016, where she was an assistant professor of gerontology and psychology.

New Books by Members


Members in the News

- On September 13, GSA member Andrew Budson, MD, was interviewed by Reuters in an article titled “A Healthy Heart Can also Help Keep the Mind Sharp.” He discussed his research on the importance of heart health for the cognitive benefits.
- David Dosa, MD and Lisa Brown, MD, FGSA, were interviewed by The Washington Post on September 9 in a piece titled “Moving Florida’s Many Seniors Out of Irma’s Path has Unique Risks.” The piece focused on recent natural disasters affecting the health and wellbeing of older adults.

Colleague Connection

Congratulations to everyone who participated in GSA’s Membership Month during September. In lieu of the usual Colleague Connection, every member who referred a new member to the Society earned a $25 Amazon gift certificate. Thank you to all who helped grow our membership!

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **Joseph June, MPH**

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

GSAClub Connect Corner

- Richard Mollot, JD: “Starting this month, LTCCC is launching a new series of monthly Issue Alerts. Every Issue Alert will focus on a specific topic of concern to long-term care consumers, particularly residents in nursing homes and other residential care settings.”
- Barbara Bowers, PhD, FGSA: “I have been asked by a graduate student in Australia, who is working on a PhD, to help him find researchers who are involved in developing or testing in vehicle technology for older drivers. I would love to be able to help him but it’s not something I know anything about. If anyone is working in this area and is willing to give a bit of advice to a graduate student, please let me know. Thanks!”
U.S. Aging Secretary Brings Gerontology Background to New Role

On August 11, Lance Allen Robertson was sworn in as assistant secretary for aging in the U.S. Administration on Aging (AoA) and administrator of the U.S. Administration for Community Living (ACL). President Donald Trump nominated Robertson on June 20; he testified before the Senate Health, Education, Labor, and Pensions Committee on August 1; the committee approved his nomination on August 2; and the full Senate confirmed his appointment by voice vote on August 3. Who says that the system is broken? Knowing he would become quite popular, I asked Lance to do an interview for GSA before his confirmation, and knowing GSA well, he immediately agreed.

Brian: Congratulations on your appointment and smooth confirmation process. Of course, GSA is thrilled to have a gerontologist heading ACL and AoA. Would you like to say a bit about your work at Oklahoma State University?

Lance: I think that’s a great launching point because obviously, Brian, that’s the beginning or first chapter of my professional experience. I cut my teeth in higher education, took on a career position at Oklahoma State University, and quickly was attracted to the work that we wanted to do around the field of gerontology. At Oklahoma State there really wasn’t much in place other than an interdisciplinary work group. So, we worked hard during my 12-year tenure there to create and then elevate our gerontology program. On the professional development side, we really experienced the growth because there was just such a need and I helped create an organization that started out as the Southwest Society on Aging and then grew into a 17-state organization called Partnerships for Aging, and so we were the largest regional association in America.

Brian: With your background, you know the value of geriatrics and gerontology training for our health care professionals and family caregivers. Will you be looking for synergies between AoA and Health Resources and Service Administration (HRSA) regarding the Geriatrics Workforce Enhancement Program (GWEP)?

Lance: Excellent. Your question is timely because we have scheduled a meeting with Dr. George Sigounas, the administrator of HRSA, and his staff. But, I’m glad you brought GWEP to my attention because I knew about the geriatric education centers but hadn’t focused much on the GWEP. I do know it’s an excellent program that I hope we can build on. Notwithstanding what the administration and Congress may decide to do in terms of budgeting, I do know Dr. Sigounas and I are really looking for some touch points.

Brian: You are taking on the role of assistant secretary of aging at a critical time. How do you see your role within the administration as someone who knows well what older adults face on a daily basis out in the community?

Lance: I think it certainly principally involves the Centers for Medicare and Medicaid Services (CMS), but it doesn’t stop there, because we’ve got a lot of folks we need to invite to this conversation. We all know, it’s easy talk about the value of home and community based services (HCBS) on economic terms and we know it’s certainly what people prefer when it comes to their care. My challenge is how do we take that agreeable conversation and make something out of that. How do we shift things significantly enough that we can really make a difference? I have already shared with CMS an HCBS proposal that is bold, but not new, but it starts to really push us in the direction we’d like to go with that relationship with CMS. I think they’re thirsty for an opportunity to work with a fellow operating division who can be a bit of a relief valve for that mounting pressure that they’re experiencing. So, I think a lot of things are converging on some of these conversations that are long overdue. Our networks are certainly positioned to play a major role. I am very excited about it and I know a lot of your colleagues are as well.

Brian: You also have the large task of running the Administration for Community Living. Would you talk about your vision for bridging the issues that face older adults and individuals with disabilities?

Lance: Okay, great question. I think we’re all grateful that ACL now exists. I think we all now buy into the value of having population groups together that, essentially, want, need, and demand some of the same services and supports. There are also some efficiencies we can gain there. I think of ACL now, within a much larger Department of Health and Human Services, as having both the aging and the disability voices singing off the same page — which helps in terms of getting some attention and being a part of critical conversations. I have been meeting with leadership in both groups, so, as you know, Leadership Council of Aging Organizations this week, and I met with Consortium for Citizens with Disabilities today. I believe that we have got to make sure, where we can, that we’re talking to each other, we’re forming common platforms, priority platforms, and policies. Does that mean we’re all always going to agree? I’m not naïve enough to believe that’ll be the case, but on certain significant issues, like HCBS, we need to work toward unifying. So, expect from us, to the degree that we are able to do it, we want to be the driver of key conversations.

Brian: GSA members often work to translate research into practice and policy. Our members have been involved in numerous hearings and forums helping policy makers. Are there ways that we could work to reenergize AoA’s use of such expertise with some of your
priority issues? Pain management, immunization, oral health, and
cognitive impairment come to mind.

**Lance:** Sure, unfortunately I don’t have the Title IV dollars like
some of our past assistant secretaries. I think, ultimately, your
question involves how we translate research into practice. That will
be a renewed conversation we will have here. We want to really talk
about where we are taking research, translating it into practice, and
what are the outcomes of that. How are we capturing that? How
are we telling a story? So that’s really the best part of the
conversation we’ve been having with the National Institute on
Disability, Independent Living, and Rehabilitation Research and
others. We need to improve society by recognizing, laying claim to,
and then building on best practices. We also, of course, are very
much an evidence-based philosophically-thinking organization, and
we’d like to work with GSA on some of the issues you mentioned.

**Brian:** I know that you have worked closely with the long-term
care ombudsman (Bill Whited) in Oklahoma on quality of care
issues. Would you please speak to what you believe are the most
important issues we need to address to better ensure quality of care
in long-term care facilities?

**Lance:** Sure, and Brian, I have to give a shout out to Bill Whited.
He does his job well and consistently says that we need more
money in the long-term care ombudsman program.

**Brian:** It’s true.

**Lance:** It’s such a great program. Like all of us, I’m a big believer in that
program. I’ve worked so closely with Oklahoma state long-term care
ombudsmen over the years — Bill, and Esther Houser. We are already
talking here about the need to develop a long-term care quality strategy. I
think about system sustainability and as you know, Brian, a lot of people
don’t even know the program is out there, sadly. Some of that is
messaging. But I was telling the secretary about the critical role the
ombudsmen played during our recent natural disasters, particularly in
transitions for displaced residents. So, you know, again, those are stories
that we have to continue to be ready to tell, and to tell them loudly and
boldly, and talk about the value of that program, for really what equates
to be a very little investment. Good quality care in a long-term care
facility is going to be necessary for some of us. We need strong quality
standards, we need to collaborate better, and we need to keep looking at
diversifying funding. Across the federal government and local
communities, there’s a lot of opportunity for the ombudsman program
to start pulling in some dollars from other partners who love what we do,
value what we do, but don’t put much money into it. That isn’t
something fleshed out enough to talk about today, but it’s on my agenda.

**Brian:** Having you help to lead that discussion, which has been left
by the wayside, will be very beneficial. I wonder what you are
thinking about the next Older Americans Act reauthorization?

**Lance:** Well, I think we all recognize that, for this next
administration, for the time I’m here that’s going to be a key
priority. We’ve got to get the Older Americans Act reauthorized.
We want to make sure it’s done robustly and in a significant and
meaningful way. You know, I was part of, as many of us were, the
conversations leading up to the ’16 reauthorization. We did some
great work that we can just dust off and kind of begin the
conversation. I don’t think we need to reinvent the wheel. One
challenge we’re going to have is how do we sharpen the message
and make sure that Capitol Hill, the administration, and
advocates can align their priorities. We need to come together to
present the most efficient and effective programming opportunity
available out there. We will absolutely have our field forums.
We’ll find many ways to get that feedback. The best way to know
what’s going to work for the consumer, of course, is to go out
there and ask.

**Brian:** GSA would like to be one of the first organizations to invite
you to our annual conference. We will be meeting in November of
2018 in Boston and we would like to work with you on a special
session on applied research in aging.

**Lance:** It’s great to have it early, and what we can do also is tag it as
a priority, to make it sure it stays on the calendar.

**Brian:** That would be great and thanks for time and candor today.

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**Recent GSA Policy Actions**

**GSA** supported a letter from the chair of the Leadership Council of
Aging Organizations (LCAO) in response to the House and Senate
FY 2018 appropriations bills. The letter addressed the significant
discrepancies between the bills related to aging services prioritized in
the June 2017 LCAO appropriations request letter to Congress, and
encouraged lawmakers to promote final funding levels for Older
Americans Act Title III B, Title IV Chronic Disease Self-
Management Education and Title V Senior Community Service
Employment Programs, and other critical aging services (State
Health Insurance Assistance Program and Geriatrics Workforce
Enhancement Program) that preserve increases and avoid cuts.

**GSA** joined more than 58 national organizations to sign on to a
Community Statement on Medicare Coverage for Medically
Necessary Oral and Dental Health Therapies. It is established that
untreated oral microbial infections are closely linked to a wide
range of costly chronic conditions. Most Medicare beneficiaries do
not currently receive oral/dental care even when medically
necessary for the treatment of Medicare-covered diseases. This
letter calls on Congress and the presidential administration to
explore options, including utilization of existing authority, to
extend evidence-based coverage for medically necessary oral/dental
health therapies for all Medicare beneficiaries.

**GSA** partnered with the National Association for Geriatric
Education to present a webinar titled “Educating Policymakers:
Sharing Your Expertise with Capitol Hill.” An archived version
has been posted at www.geron.org/webinar.
stakeholders or individuals affected by dementia — including people living with the disease, family care partners, service providers, researchers, educators, payers, and advocates.”

The summit was intended to identify what is known and what is still needed to learn in order to accelerate the development, evaluation, translation, implementation, and scaling up of comprehensive care, services, and supports for persons with dementia, families, and other caregivers. The program focused on research that is needed to improve the quality of person- and family-centered care and outcomes across care settings, including quality of life and the lived experience of persons with dementia and their caregivers.

“Previous summits on Alzheimer’s disease and dementia have focused on research to find ways to prevent, cure, or delay onset or progression of these conditions,” Maslow said. “In contrast, this summit focused on research to find ways to improve care, services, and supports for persons with dementia and their families that would improve the lived experience of dementia and reduce distress, burden, and other negative impacts of the condition.”

Maslow, a visiting scholar at GSA, added that there was an enthusiastic response to the event — from the number of invited speakers who agreed to participate to the amount of people who participated either in person or via webcast.

“I think this reflects growing interest in care, services, and supports for persons with dementia and their families, especially in the context of persistent difficulty in finding biomedical treatments that can prevent or cure Alzheimer’s disease and other diseases and conditions that cause dementia,” Maslow said.

Gitlin noted that the summit’s emphasis on understanding the lived experiences of individuals and their family members highlighted the role of stigma, lack of access to needed services, and the psychosocial and financial burdens of the disease as well as adaptive capacities. She said the summit presentations underscored the complexity and heterogeneity of the disease — demonstrating that multiple strategies, models, and programs will need to be developed to address the wide range of needs of an extremely diverse population affected by dementia who have needs that change with disease progression.

“We also learned there is sufficient evidence in specific areas that can be rapidly deployed nationally such as caregiver supportive programs, care coordination models, strategies for preventing and managing neuropsychiatric symptoms and addressing functional decline,” Gitlin said. “There are also areas for which much more research is needed, such as understanding the prevalence and impact of dementia for diverse communities including those living alone, different race and ethnic groups, and the LGBTQ community as well as the financial consequences for families across the disease trajectory, and for different etiologies.”

Planning for the summit was under the auspices of the National Alzheimer’s Project Act and the Advisory Council on Alzheimer’s Research, Care, and Services (the latter of which Gitlin was recently named chair). Along with Maslow and Gitlin, a steering committee composed of representatives of public and private sector organizations was involved in the planning effort. Video recordings of the two-day proceedings, along with supporting documents and recommendations, are available at bit.ly/2s9GHHz.

“The research recommendations that will be derived from the summit will have relevance to a range of funders including the NIH, private foundations, and industry and will help to advance the evidence to transform dementia care,” Gitlin said.
Making the Most of your Mentor-Mentee Relationship

By Jillian Minahan, MA

As many of you know, attachment theory came out of the work of John Bowlby and Mary Ainsworth, and it is a developmental theory that conceptualizes the interactions, associations, and relationality between infants and their caregivers. In a secure attachment, the child’s primary caregiver(s) may provide a secure base from which an infant or child can explore and then return to for reassurance or comfort. Does this sound familiar?

Maybe more familiar than you may have originally thought! What do I mean by this? Well, the structure and dynamic of many successful academic mentor-mentee relationships closely resemble this conceptualization of secure attachment. Although the mentor-mentee relationships among ESPO members and their mentors are certainly varied, there are a few core factors that can facilitate making the most of your mentor-mentee relationship. Guided by attachment theory, here are a few things I’ve learned:

**Goodness of Fit**

The first key factor that influences the success of your relationship with your mentor is the goodness of fit between you two, meaning how well your work styles and interpersonal styles align. Luckily, this factor is addressed even before you enter graduate school. Indeed, recall those graduate school interviews you had. One of the main things that faculty members evaluate in their graduate student search is not only the prospective student’s fit with the program, but also the fit with their own research program and mentoring style. Are you interested in the same lines of research as him/her? Do you wish to gain expertise in a clinical area in which he/she is an expert? Do your work styles seem to align? If not, then you may not be extended an offer to that particular program, and in that case the issue of goodness of fit with your mentor has been considered.

Thus, by the time you were accepted into your graduate program, you should know that you have a relatively good fit with the faculty member who will be your mentor throughout your studies. However, this is not always the case. Graduate students do switch mentors when necessary, often to improve goodness of fit or develop a relationship with a second mentor. This initial achievement of good fit allows your mentor(s) to then serve as that secure base who you will need throughout your training.

**Practical Tips from Peers**

In short semi-structured interviews with students of a doctoral program in psychology, one of the prevailing themes was the idea that successful mentor-mentee relationships are cultivated when there is a mutual understanding of how hands on or hands off one’s mentor is, which is related to the idea of a secure base. Some students’ mentors allow them to pursue their own interests and opportunities while still providing a lot of guidance, including sending relevant literature and funding opportunities, or sharing personal connections.

Another student mentioned that having open lines of communication between a student and their mentor is of primary importance. For instance, because mentors are extremely busy, they may take some time to get things back to you, so providing them ample time to review your work is important. Sending them helpful reminders before deadlines for things like letters of recommendation is also important.

Similarly, each student interviewed mentioned the importance of efficient and structured weekly meetings or check-ins. These consistent meetings help to develop this open line of communication and also allow everyone to stay up to date on the progress of work. In order to facilitate communication between mentor and mentee, it may be helpful to write down agenda items and questions prior to the meeting. Overall, it requires the commitment from both the mentor and mentee to make this relationship the most successful it can be. These are just some of the many practical tips that can help graduate students make the most of their mentor-mentee relationship.
About the conference itself:

Jason Garbarino: The conference was filled with an array of wonderful speakers, both English- and Chinese-speaking. It was an outstanding opportunity to network, not only with individuals from China, but experts on aging from around the globe.

Ching-Ju Chiu: This is one of China's leading gerontology meetings, with a basic focus on geriatric medicine that also welcomes perspectives from different disciplines.

Da Jiang: Similar to the GSA Annual Scientific Meeting, I got to know people from different areas of the world who share mutual research interests.

About the scientific exchanges:

Shuangshuang Wang: During my presentation on dementia-friendly communities, I reviewed several typical programs and provided suggestions for future services. Session attendees thought that our project provided some fresh ideas. One of the professors told me that they planned to build a dementia-friendly town in Nanjing, China, and that there may be opportunities for us to collaborate in the future.

David Ekerdt: The Chinese Congress took place just weeks after GSA hosted the IAGG World Congress of Gerontology and Geriatrics in San Francisco. As it happened, Professor Xiaoying Li, a geriatric cardiologist and the president of the Chinese Congress, led a delegation of 50 persons to present at the World Congress. She and I had a chance in Suzhou to compare notes about our respective organizations.

Da Jiang: As a researcher in the psychology of aging and emotion, I am used to thinking of research questions from a theory-driven perspective. But from my discussion with frontline professionals, such as the director of a nursing center in Beijing, I gained insight into the practical challenges that older adults face in order to maintain well-being. Such information is important for developing future research questions and confirms the need for evidence-based theories and findings.

About the exhibit booths:

Da Jiang: I saw new technologies that can feel one’s pulse as is done in traditional Chinese medicine. The machine can generate a report on physical health status similar to that given by an herbalist doctor. There was another booth introducing a new machine for moxibustion, a detoxifying method used in traditional therapy.

Shuangshuang Wang: I tried a machine that would provide health tips based on Chinese medicine by analyzing a person’s face and tongue pictures as well as his or her pulse. It was a very cool experience.

About the welcome:

Shuangshuang Wang: We enjoyed famous local foods at a dinner hosted by the congress president, Professor Li.

Jason Garbarino: It was a degree of hospitality like I have never experienced before and will not soon forget. President Li’s dinner was a chance to sample traditional dishes and receive toasts to our health from conference organizers. My stay could not have been more pleasant or more enjoyable.

David Ekerdt: GSA will in the future offer other opportunities to join delegations to international meetings. As we Suzhou delegates learned, there are professional rewards and friendships to be gained, along with a firm appreciation for the worldwide scope of our field.

About working with GSA:

Ching-Ju Chiu: I thank GSA and China's geriatric society again for providing this collaborative opportunity for scholars from abroad to attend this meeting and share our experiences.

Jason Garbarino: Thank you to GSA for this great opportunity to both share my research, explore a wonderful country, and build future relationships in the field of gerontology.

Shuangshuang Wang: Thanks to the Chinese Congress and GSA for providing this wonderful opportunity for us to exchange ideas with scholars from different countries, and special thanks to Jilan Chen who organized this delegation.

The next delegation opportunity will be e-mailed to members in November; the Second GSA-Hong Kong International Conference, with a theme of “Aging Across Time and Contexts,” is taking place May 19 and 20, 2018, at the Chinese University of Hong Kong. This event is being organized by GSA, the Department of Psychology at the Chinese University of Hong Kong Department of Psychology; and the Chinese University of Hong Kong-National Cheng Kung University Joint Centre for Positive Social Science.

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**YALE TRAINING PROGRAM IN GERIATRIC CLINICAL EPIDEMIOLOGY AND AGING-RELATED RESEARCH**

With sponsorship from the National Institute on Aging, Yale University is offering a two- to three-year postdoctoral training program in geriatric clinical epidemiology and aging-related research. The goal of the program is to provide highly qualified fellows (MDs or PhDs) with research skills in geriatric clinical epidemiology and an intensive research experience under the mentorship of experienced investigators in gerontology and geriatric medicine. Trainees will have access to resources and expertise through the Program on Aging/Claude D. Pepper Older Americans Independence Center, the National Clinical Scholars Program, the Investigative Medicine Program, the School of Public Health, and the Geriatric Medicine Program. Upon successful completion of the Program, MDs may receive a Master of Health Sciences Research from the Yale School of Medicine. Candidates who have a PhD should have completed their doctoral training in areas such as (but not limited to) gerontology, public health, epidemiology, biostatistics, psychology, or biology, and should be committed to an academic career in aging-related research. Candidates from underrepresented groups are encouraged to apply. US citizenship or permanent residence is required.


Deadline for Application Submissions is January 26, 2018.
The School of Medicine (Department of Internal Medicine) and Betty Irene Moore School of Nursing at the University of California, Davis seek applications for a full-time, Assistant/Associate/Full Professor in the Ladder Rank/Tenured Series or In Residence Series with a teaching, clinical, and research focus on transdisciplinary feminist approaches to women’s health. Candidates are required to have an MD, PhD, MD/PhD, or RN/PhD, and will be appointed in the School of Medicine or the School of Nursing or jointly between the two Schools.

We seek a dynamic and collaborative scholar who can potentially serve as faculty director of The Feminist Research Institute (FRI), a campus initiative that explores how gender and other structures of inequality inform the design, execution, and interpretation of research. Allogeneic human MSCs are derived from human adult donor bone marrow. Conducted by researchers at the University of Miami Miller School of Medicine and Longeveron, LLC, the randomized, double-blinded Phase 2 trial of MSCs involved 30 frail patients with an average age of 76. The patients were administered two doses of 100 million or 200 million cells versus placebo. Participants showed marked improvement in physical performance, lung function and inflammation biomarkers, all major aspects of frailty, with no serious adverse events attributable to the product.

The journal simultaneously published a call for papers for a forthcoming special issue titled “Biology and Clinical Relevance of Age Related Changes in Stem Cells.” Papers will be due January 18, 2018. Visit academic.oup.com/gsa for further details.

One in Eight Irish Older Adults Are Vitamin D Deficient
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BASIC QUALIFICATIONS:
Candidates are required to have an MD, PhD, MD/PhD, or RN/PhD, and will be appointed in the School of Medicine or the School of Nursing or jointly between the two Schools.

We seek a dynamic and collaborative scholar who can potentially serve as faculty director of The Feminist Research Institute (FRI), a campus initiative that explores how gender and other structures of inequality inform the design, execution, and interpretation of research. Allogeneic human MSCs are derived from human adult donor bone marrow. Conducted by researchers at the University of Miami Miller School of Medicine and Longeveron, LLC, the randomized, double-blinded Phase 2 trial of MSCs involved 30 frail patients with an average age of 76. The patients were administered two doses of 100 million or 200 million cells versus placebo. Participants showed marked improvement in physical performance, lung function and inflammation biomarkers, all major aspects of frailty, with no serious adverse events attributable to the product.

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Earn a PhD from the USC Leonard Davis School of Gerontology

The USC Leonard Davis School of Gerontology offers two fully funded programs: a PhD in Gerontology and a PhD in the Biology of Aging. Students have the opportunity to work with the leading experts in their respective fields. Balancing rigorous, high-level research training with leadership skills and scientific knowledge, graduates from our PhD programs enter the workforce with superb skills and experience.

Doctor of Philosophy in Gerontology

Gerontology students learn about the physiology of human development and aging, examining social policies related to aging as well as the psychological, behavioral, and sociological impact on lifespan development. Working closely with a faculty mentor, they concentrate on a specific area of interest and begin the process of discovering and shaping their own academic specialization. Active faculty research areas include:

- Aging-related diseases
- Aging in place
- Elder abuse
- Intergenerational health
- Cognition and memory
- Generativity
- Gerontechnology
- Health disparities
- Health service research
- Palliative care
- Social demography
- Psychological and social health

Doctor of Philosophy in Biology of Aging

This unique doctoral program, the first of its kind in the field, brings together two world-renowned institutions: the USC Leonard Davis School of Gerontology and the Buck Institute for research on Aging in Northern California. Students’ academic research activities take place on both the Southern and Northern California Campuses. Working closely with a faculty mentor from either USC or the Buck Institute, PhD candidates take core courses on the molecular and cellular biology of aging and age-related diseases, and then select a speciality among these four tracks:

- Molecular and cellular biology
- Neuroscience
- Stem cell and regenerative sciences
- Biomedical sciences

The application deadline for the Fall 2018 term is December 1, 2017 for both programs.

For inquiries email Sara Robinson - sararobi@usc.edu or call (213) 740-1728

For more info visit us @ gero.usc.edu

USC Leonard Davis
School of Gerontology
New Accrediting Body Established

The recently launched Accreditation for Gerontology Education Council (AGEC) is the first accrediting body for the field of gerontology. AGEC is a 501(c)(3) organization that collaborates with, but is independent of, GSA and its educational unit, the Association for Gerontology in Higher Education (AGEC). A diverse nine-member Board of Governors oversees the new body. AGEC will specifically accredit degree-granting programs in gerontology at the associate, baccalaureate, and master’s levels. Accreditation of gerontology programs is expected to promote professional credibility, expand employment opportunities for graduates, enhance institutional resources, and assure academic program excellence. “The time for gerontology accreditation has arrived,” inaugural President Harvey Sterns, PhD, FGSA, said. “Our field is ready. Our programs are ready. Our students are ready. The promise of accreditation will assist in propelling the quality of gerontology, and career opportunities for our graduates forward.”

AGHE’s Standards and Guidelines for Gerontology and Geriatrics Programs, 6th edition (2015), and Gerontology Competencies for Undergraduate and Graduate Education (2014) inform AGEC’s accreditation standards. AGEC’s mission is to serve societies, national and global, by establishing and applying standards that assure quality and continuous improvement in the preparation of gerontologists reflecting the evolving nature of higher education, research, and practice.

STTI Launches Updated Nurse Manager Certificate Program

The Nurse Manager Certificate Program has been updated and released by the Sigma Theta Tau International (STTI), the honor society of nursing. This comprehensive online educational tool uses the latest evidence-based content to provide instruction on best nursing management practices. It is designed for registered nurses, entry-level managers, nursing students, and others interested in management. Nurses with expertise in leadership and management designed the program’s curriculum and content. Through the use of 16 courses, a final course test, and pre- and post-assessments, program users learn applicable lessons and engage with interactive activities designed to help develop nursing management skills. Upon completion of all 16 program courses and the post-assessment, the learner will receive a Certificate of Completion of Sigma Theta Tau International’s Nurse Manager Program. A facilitator’s guide is available for instructors as a companion to the course. The 2017 Nurse Manager Certificate Program is available through STTI’s website and counts toward 85 CNE contact hours. Learn more at www.nursingknowledge.org.
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Join educators, clinicians, administrators, researchers, policy leaders, and students from around the globe at AGHE 2018, and take part in the discussion for developing a more age-friendly society through education, research, and practice.