New GSA Article Collections Centered on 2018 Meeting Theme

Each of GSA’s peer-reviewed journals now features a curated selection of new articles related to the 2018 Annual Scientific Meeting theme, “The Purposes of Longer Lives.” More than 40 articles were chosen from across all the titles; they had been previously published through advance access, but had not appeared in any issue yet.

The meeting theme was conceived by GSA President David J. Ekerdt, PhD, FGSA, whose one-year term concludes at the meeting. He has authored an editorial about the article collections for GSA’s online open access journal, Innovation in Aging.

“Longevity and life span have been a core focus for GSA ever since the very first issue of The Journal of Gerontology in 1946 came banded with the slogan, ‘To add life to years, not just years to life,’” Ekerdt stated.

As for longevity’s purpose, he called it “a teleological question about goals and ends, about the value of extended survival.” Ekerdt added, “Ironically, evolutionary theory about aging tells us that longer lives for organisms are pointless beyond the stage of reproduction and perhaps the rearing of offspring. If we are to find meaning in outliving this biological design, it will need to come from human and cultural aspirations for more time alive.

“And more time can be valuable in at least three ways: as a personal good available for any sort of individual pursuit; as a public good that benefits the larger group; and as a resource for...
It’s my privilege to use this column at the end of each year to summarize some of GSA’s major successes over the last 12 months. As GSA members and volunteer leaders were instrumental in these accomplishments, I hope you will join me in celebrating them.

**Strong Governance Plan Finalized:**
Based upon years of study and committee work, the Society’s volunteer leaders developed a recommendation for strengthening GSA governance. Outlined in a plan called “2020 Vision” — a nod to our forthcoming 75th anniversary in 2020 — members will soon be voting on the implementation of a new governance structure. We can look forward to an implementation of a new governance plan developed a recommendation for major successes over the last 12 months. As GSA members and volunteer leaders were instrumental in these accomplishments, I hope you will join me in celebrating them.

**Journalism Program Sets New Record:**
GSA’s Journalists in Aging Fellows Program welcomed 20 new fellows in 2018 — a new high for us, thanks to a record amount of funding from the five philanthropic organizations that support the program. Our 156 alumni to date have generated more than 600 stories since the program began in 2010 — stories that were often made possible by GSA members’ interaction with the reporters at the Annual Scientific Meeting and beyond.

**Annual Meeting Sets Record:**
A record total 4,395 Annual Scientific Meeting abstract submissions (including individual symposium abstracts) were submitted in 2018 — a 21 percent increase from the 3,612 received in 2016! And we received 617 late breaker poster abstracts, more than twice as many as 2016.

**AGHE Undergoes Transformation:**
Members of the newly renamed Academy for Gerontology in Higher Education (AGHE) — formerly the Association for Gerontology in Higher Education — approved a set of bylaws that fully integrates Academy activities into GSA. As GSA’s new educational organization, AGHE is now better positioned to fulfill its mission.

**Journals Grow in Size and Reputation:**
GSA welcomed four new journal editors this year, and article submissions are up across the board. Our peer-reviewed titles continue to hold three of the top five spots in Journal Citation Reports’ gerontology category when ranked by impact factor — including The Journals of Gerontology, Series A holding the top spot for the eighth consecutive year. And in 2018, The Journals of Gerontology, Series B increased from six to eight issues per year.

**Gerontologists Empowered to Address Ageism:**
The Leaders of Aging Organizations — the eight-member collaborative that GSA co-founded — continued its efforts to “reframe aging” by helping professionals in the field address ageism and shape a more productive narrative around aging issues. GSA conducted numerous training sessions using a newly released toolkit, including sessions for the GSA staff and the Leadership Council of Aging Organizations.

**Longevity Economics Briefing Held in DC:**
We convened a Capitol Hill briefing in May to release a new report, “Longevity Economics: Leveraging the Advantages of an Aging Society.” The report showcases steps that can be taken to realize the positive aspects of population aging and enhance the economic impact of older workers and retirees.

**Research Translated into Practice:**
Thanks to the fine work of many GSA members, we continued initiatives and released new resources in several topic areas. Among them: promoting oral health as an essential element of healthy aging; implementation of GSA’s KAER toolkit for detection of cognitive impairment and earlier diagnosis of dementia; increasing immunization rates through GSA’s National Adult Vaccination Program; and offering guidance for optimal communication with older adults.

Thank you to the many GSA members who were actively involved in making 2018 a successful year for GSA!
Robert “Bob” Rubinstein, PhD, FGSA, passed away on September 19. He was a professor of anthropology, director of the Center for Aging Studies, and an affiliate faculty member in the Doctoral Program in Gerontology at the University of Maryland, Baltimore County. A cultural anthropologist who was deeply interested in aging as a sociocultural process, he did extensive ethnographic fieldwork in Malo, Vanuatu, Oceania, in the 1970s, where he began exploring understandings of old age. His subsequent research examined the meaning and function of home, generativity, and childlessness, aging in place, autonomy and stigma in assisted living, and many other issues with diverse populations in the U.S. Rubinstein was elected president of the Association of Anthropology and Gerontology for 1988.

Members of the News

- Elizabeth J. Bergman, PhD, and Pamela Saunders, PhD, were quoted in a Stria News article published online on September 10. They discussed how colleges are preparing to adapt students for the aging economy.
- On September 24, Anne Glass, PhD, FGSA, was quoted in the (Wilmington, NC) StarNews. She discussed a decline in nursing home populations as alternative options emerge.

New Books by Members


Colleague Connection

This month’s $25 amazon.com gift certificate winner: Linn Elena Zulka, MS. The recipient, who became eligible after referring new member Georg Henning, MS, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Aasha I. Hoogland, PhD. Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

Gravenstein Earns Spot on CDC’s Immunization Committee

Stefan Gravenstein, MD, MPH, FGSA, has been selected for a four-year term on the U.S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). The committee is comprised of medical and public health experts responsible for developing recommendations for the use of vaccines in the civilian population of the U.S. Gravenstein was nominated for the appointment by GSA — he is a member of GSA’s National Adult Vaccination Program Workgroup — and is one of few geriatricians who have served on the ACIP. He is dually appointed as a professor in the Division of Geriatrics and Palliative Care in the Department of Medicine in the Warren Alpert Medical School at Brown University and the Department of Health Services Policy and Practice at Brown’s School of Public Health. His research has included work on high dose and adjuvanted influenza vaccine, shingles vaccine, and the impact of immunosenescence.

Besdine to Step Down from Brown Posts

Richard W. Besdine, MD, FGSA, the David S. Greer, M.D. Professor of Geriatric Medicine at the Brown University Warren Alpert Medical School, director of the Division of Geriatrics and Palliative Medicine in the Brown University Department of Medicine, and chief of geriatrics for Rhode Island Hospital and The Miriam Hospital, has decided to step down at the end of the coming academic year. Besdine has devoted his career to the development and advancement of geriatrics. At Harvard University, he developed one of the first academic geriatrics fellowship training programs. In 1995, he became the first chief medical officer and director of the Health Standards and Quality Bureau for the Health Care Financing Administration (now the Center for Medicare and Medicaid Services), responsible for setting standards, inspection, enforcement, and improvement of health care quality for the nation’s then-70 million Medicare beneficiaries and Medicaid recipients. Under his leadership, the Division of Geriatrics and Palliative Medicine has grown substantially.

GSA Connect Corner

- Denise A. Valenti, DO: “My current area of research and expertise is cannabinoids, cannabis and marijuana. We research impairment from acute use of marijuana as the impairment relates to driving. We hope to begin research on medical applications such as Alzheimer’s and Parkinson’s.”
- Gail Kohn, MHA: “Age-Friendly DC 2023 wants a proven mental health screening tool for primary health care providers, emergency rooms and hospitals to use with 60+ year old residents. The intent is to increase DC residents who use counseling. Hoped for outcomes? Reduce loneliness, homelessness, suicides and increase life satisfaction. Please recommend possible tools.”
- Carolyn M. Aldwin, PhD, FGSA: My first GSA was in San Francisco in 1978, I believe! It was wonderful seeing the luminaries that previously had only been names in books and journals come to life! I love GSA because of its interdisciplinary nature — enjoyed seeing the bio folks verbally jousting over whether or not there was a death gene, and was always welcomed graciously — and often enthusiastically — by my mentors and colleagues in BSS. To my early career friends, I say — do come!! And join! There’s a world of benefits.
As Election Season Ends, Congress Continues Working on Aging Legislation

As I write this month’s newsletter article, I am already thinking through the post-election article that you will see in December — which party will be in the majority, who will chair key committees, will we lose any of our best advocates, or gain that aging hero or heroine we have been missing? Much of what we do here in DC on a wide-range of aging and health care public policy issues will be affected by the election results. So, I hope you all voted, and (non-sequitur alert) remember that it’s also that time of year to get a flu shot!

Congress has been in recess for many weeks, but it plans to return for a lame duck session the week of November 12. There are many bills that should be considered before the end of the 115th Congress, but how ambitious members are will depend in part on whether the majorities change for next year which we will know after November 6. Congress does need to pass or extend several appropriations bills for FY 2019 by December 7.

Advocates are hoping for an end of the year package that will include many programs that have or will be expiring or that they have been working for some time, including the Violence Against Women Act reauthorization.

For this column I will recap recent legislative activity and mention several new bills and issues that are on the horizon.

2019 Budget/Appropriations

The Senate Appropriations Committee led the way the past several months by passing all its 12 appropriations bills and sending them to the full senate. The House Appropriations Committee did not fare as well and still has work to do. Both committees once again ignored almost all the president’s proposed budget cuts. The biggest victory on the funding front came with the merger of the Labor, Health and Human Services, Education, and Related Agencies (LHHS) funding bill with the Defense funding bill — a little something for everyone to secure bipartisan support. That bill easily passed both the House and Senate and was coupled with the continuing resolution needed to keep other parts of the government functioning until after the election.

Although maintaining level funding was considered an accomplishment this year, there were a few bright spots. Details include:

• A $2 billion increase for the National Institutes of Health (NIH) to $39 billion
• $5 million in funding for Representative Michelle Lujan Grisham’s (D-NM) Care Corps grants to place volunteers in communities to provide non-medical services to seniors and individuals with disabilities
• Level funding at $40.737 million for the Geriatric Workforce Enhancement Program (GWEP)
• $6.6 billion in opioid abuse funding for Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, and NIH
• Increase of $50 million for the Low-Income Energy Assistance Program
• Increase of $10 million for nutrition services for older adults
• Increase of $10 million for the Community Services Block Grant
• Increase of $6 million for Senior Corps
• Increase of $1.5 million for meals and caregiving programs under Older Americans Act (OAA) Title VI Native American Services
• Additional $600,000 in OAA Title III-E to implement two new laws: the RAISE Family Caregivers Act and the Supporting Grandparents Raising Grandchildren Act
• Level funding for the Long-Term Care Ombudsman program (OAA Title VII), the Senior Community Service Employment Program (Title V), and the Elder Justice Initiative
• Rejection of the Administration’s proposal to eliminate the State Health Insurance Assistance Program and Senior Community Service Employment Program

For further details on older adult services and programs, see the National Council on Aging (NCOA) chart (www.ncoa.org) or go to the Senate or House appropriations committee sites: www.ncoa.org/wp-content/uploads/FY19-LHE-final.pdf

Older Americans Act Reauthorization Process

GSA, along with many other aging advocacy organizations, has been working on proposals to strengthen the OAA during the reauthorization process that will likely begin early next year; the current act runs through September 30, 2019. GSA is again working closely with NCOA on several proposals to amend Title IV of the act to better reflect the needs of the aging network for evidence-based research and program evaluation. The reauthorization could provide the opportunity to increase the authority, rigor, credibility, and accountability of research, demonstration, and evaluation activities. Many current Title III and other programs originated with Title IV demonstrations or research, yet without a strong and respected Title IV it will remain difficult to secure needed funding for such activities.

We have indications that Senator Bob Casey (D-PA) may be interested in supporting our proposals in legislation. The ideas that are being considered include: establishing a National Advisory Council for Aging Services Program Research, Demonstration, Evaluation, and Training; authorizing an official office at Administration on Aging with a director; and strengthening the purpose of the title with more specific descriptions of office’s activities.
Many of the LCAO groups have been sharing their current thinking on amendments to the OAA. They include increasing the authorization funding levels for the major titles of the Act. In the caregiving space, this would involve creating a National Family Caregiver Resource Center; extending and funding the Advisory Council under the RAISE Family Caregivers Act; directing the assistant secretary for aging to develop a plan to implement relevant recommendations from the National Academies of Sciences, Engineering, and Medicine’s “Families Caring for an Aging America” report (including a recommendation to “launch a multi-agency research program sufficiently robust to evaluate caregiver interventions in real-world health care and community settings, across diverse conditions and populations, and with respect to a broad array of outcomes”); exploring ways that would strengthen the aging network’s ability to serve individuals with advanced illness or nearing the end of life; providing additional resources to serve those in need of special meals; creating a separate line item and authorization for assisted-living long-term care ombudsmen; an initiative to coordinate federal resources for home modification; and authorizing adult protective services under the Act.

Of course, there will be the long-standing debates over transfer authority between nutrition and services programs in Title III and there is the potential for further stalemate over the funding formula.

Casey has recently introduced two bills of note, including one OAA bill. The Elder Pride Act of 2018 (S.3555) amends the OAA by establishing in the administration an Office of Older LGBT Policy headed by a director who would, among other things, conduct research on challenges faced by older LGBT individuals living in rural areas, including those living with HIV/AIDS. The bill also amends Title IV to establish a Rural Outreach Grant Program. The purpose of this section is to provide organizations or facilities such as area agencies on aging or multipurpose senior centers with resources to develop strategies for connecting with older LGBT individuals residing in rural areas and meeting the needs of such individuals to reduce isolation and improve access to health care for this population.

An unrelated bill, the Senior Scams Prevention Act (S.3522), introduced by Senators Casey and Jerry Moran (R-KS), establishes a Senior Scams Prevention Advisory Council with the purpose of bringing together industry, government, advocates, and consumers to develop ways to educate consumers and retailers, including frontline workers, to be identify and prevent scams that disproportionately affect older adults. Once developed, these model educational programs and materials will be submitted to the Federal Trade Commission with the intent of being distributed by and encouraged for use by the Federal Trade Commission chair.

Stamp Out Elder Abuse

Advocates working to end elder abuse were pleased to see that Senators Susan Collins (R-ME), Claire McCaskill (D-MO), and Amy Klobuchar (D-MN), and Representatives Peter King (R-NY), Carolyn Maloney (D-NY), Suzanne Bonamici (D-OR), and Jan Schakowsky (D-IL) introduced S. 3594 and H.R. 7061, the Stamp Out Elder Abuse Act of 2018.

I have been working with GSA member Philip C. Marshall and Elder Justice Coalition (EJC) National Coordinator Bob Blancato to promote the bill. Blancato stated in a letter to the bill’s cosponsors, “The EJC is proud to have worked closely on this legislation with you and Philip C. Marshall, founder of Beyond Brooke, a cause-based campaign named to honor Philip’s late grandmother, Brooke Astor, who was a well-known philanthropist, recipient of the Presidential Medal of Freedom, and a victim of elder abuse and elder financial exploitation.” The bill directs the U.S. Postal Service to develop the semi-postal stamp and use the proceeds from its sales to provide funding to augment the elder justice initiatives at both the Administration on Aging in the Department of Health and Human Services and at the Department of Justice. These programs include prevention, education, data collection, services to protect and support victims, and demonstration projects, in addition to initiatives to investigate and prosecute perpetrators of elder abuse and financial exploitation.

Geriatric Education Reauthorization

Don’t forget about the Geriatrics Workforce Enhancement Program (GWEIP) and Geriatric Academic Career Awards (GACA) reauthorization effort! For several years, the National Association for Geriatric Education (representing the GWEIP sites), the Eldercare Workforce Alliance, the American Geriatrics Society, and GSA have been working to reauthorize these critically important programs that will help ensure we have a trained workforce to care for older adults. The House has passed its Title VII bill (Public Health Service Act) and we are now pushing the Senate to move forward quickly when senators return to town. Collins and Casey are leading the way with the GWEIP/GACA piece in the Senate (Geriatrics Workforce Improvement Act, S. 2888).

Allied Against Opioid Abuse

GSA is part of Allied Against Opioid Abuse, a coalition of more than 40 national, state, and local partners working to convene leaders across public health and healthcare to increase awareness around the risks, responsibilities associated with prescription opioids. The coalition is engaging and educating patients, providers, pharmacists and the public about preventing prescription opioid misuse and abuse. “The misuse and abuse of prescription opioids can have devastating effects on older patients and their families,” according to GSA Vice President for Professional Affairs Patricia M. D’Antonio, BPharm, MS, MBA, BCACP. “Taking time to talk with older adults about the risks associated with these pain medicines can make a lasting impact and help reduce instances of unnecessary consumption or harm.” Other partners include the Alliance for Aging Research, American Physical Therapy Association, Caregiver Action Network, Healthcare Distribution Alliance, National Community Pharmacists Association, Mental Health America, Men’s Health Network, National Association of States United for Aging and Disabilities, National Transitions of Care Coalition, and many others.
Continued from page 1 — GSA President Gives Insight on Governance Evolution

increase, and not only in the U.S. Our authoritative knowledge, educational expertise, and proven professional skills will be much in demand. Policies and programs that provide security and well-being for later life will need defending and development. An aging population will accentuate questions about the meaning of longer lives. GSA must be ready for this challenge. Our “2020 Vision” plan coincides happily with GSA’s 75th anniversary a year hence, but it’s the times that give our renewal its urgency.

GN: What are your thoughts about how the process has unfolded over the last year?

DJE: I have deep gratitude for the people who worked on this plan. GSA is a heck of a thing. It’s a multi-layered organization that arises from the vitality of our field. We have a governing body — the Council — and its elected officers and 16 associated committees. We have aggregations of members — the traditional sections, ESPO, AGHE — and their associated officers and committees. Seven sets of bylaws regulate all of this. We sponsor eight journals, maintain over 50 interest groups, and hold an annual meeting that attracts thousands of attendees from the U.S. and abroad. There are also society-wide projects, such as the Reframing Aging initiative. All of these activities have procedures and protocols that require administration by a professional staff.

Nearly four years ago, GSA leaders asked the simple question: Is this structure optimal? Answering that question would require the time and effort of volunteers willing to get their minds around the entire GSA apparatus. These very generous people, who came from all corners of the Society, were willing to look beyond their own professional networks and disciplinary interests to consider a greater vision. All of these persons are credited at the end of our “2020 Vision” document, and their names are worth reading. So, thinking back over the past year (and a few years before that), I’m thankful for their commitment to the organization and its future.

GN: Based on your professional experience, what gives you confidence that the 2020 Vision for Growth and Impact will be of great benefit to GSA?

DJE: My confidence in the benefit of the plan is twofold. First, important and valued features of GSA membership are conserved: the sections as a focus for professional, educational, and scholarly activities; the Annual Scientific Meeting and the networking it affords; the interest groups; the highly ranked journals. Second, I am heartened by the feedback that we received for the early draft of the plan. Members wanted us to understand why GSA would be stronger with all sections’ interests present on the new Board of Directors. They applauded an option whereby one could hold a primary and secondary membership in sections. They pressed us to continue our long tradition of mentoring emerging scholars into GSA service and leadership.

GN: How would the plan for revised governance increase members’ service opportunities?

DJE: Even after the implementation of the proposed governance revision, GSA will still be doing many of the same things — and new things, too, we hope. We will still have awards to determine, editor candidates to interview, interest groups to convene, an annual meeting program to plan, etc. True, a number of GSA-wide standing committees will be consolidated, but these new bodies will form subcommittees and ad hoc workgroups to carry out tasks. Whereas the current GSA template for committee service is a three-year appointment, these new arrangements will be shorter stints, thus allowing more service opportunities for volunteers. At the level of GSA-wide elected positions, the Board of Directors will add a new cadre of section-sourced leaders for the organization.

GN: How will the Society be strengthened though an enhanced board structure?

DJE: The new plan builds more continuity into the governing body — the new Board of Directors — using three-year staggered terms. Up until this plan, the only officers with extended service were the secretary, treasurer, and the three individuals in the president rotation. The option to add specific expertise to the board (one per year) will assist the leadership as they set and pursue a strategic direction for the future.

There are many critical, long-range questions before our organization. For example: How do we position and promote GSA among other national and international gerontology organizations? What are the best arguments for increased research funding? How do we strengthen the financial footing of GSA? Would members appreciate other meeting opportunities over the course of the year? Where can we have public impact? The time for focused discussion of such questions is upon us.

Continued from page 1 – New Article Collections Centered on 2018 Meeting Theme

the scientific and scholarly study of lifespan — research on aging thrives on more aging. All three of these longevity benefits are on view in the GSA article collections,” he wrote.

This is the first time such collections have been assembled for GSA’s publications in response to an Annual Scientific Meeting theme. The idea came from Kathleen Jackson, the managing editor of The Journals of Gerontology, Series A and Series B. The journals’ editors-in-chief worked with their respective managing editors to determine which existing articles would be relevant to the theme. The abstracts for sessions at the meeting itself will be published as a supplemental issue of Innovation in Aging.

All articles in the collections will be free to view until the end of the year at academic.oup.com/gsa. GSA members will always have free access by logging in first at the www.geron.org/publications and then clicking on any of the journal titles.
Finding Your Niche as ESPO Clinical Member of ESPO

By Heidi Moyer, PT, DPT, CEEAA

Largely, GSA and ESPO are organizations that are made up of research and education-oriented individuals who are supported by an institution, such as a university. Many of the events, panels, and resources are geared towards these individuals; however the current ESPO Executive Committee is searching for ways to help integrate members with a clinical focus (such as doctors, nurses, physical therapists, and other clinical specialists).

For those who are health care providers not primarily involved in research or teaching at an institutional level, there are many resources that can connect you to other similar individuals, as well as integrate your unique skills and experience to promote quality within GSA. Clinical members of ESPO typically encompass those individuals who provide a service directly to the older adult population whether it be through healthcare, social work, or other avenues. The purpose of this article is to address multiple ways in which clinical members of ESPO can find value in GSA.

Join an Interest Group

GSA currently has 51 interest groups and with that many choices. You are sure to find a group of like-minded people! Interest groups such as Geroscience and Nursing Care of Older Adults are geared towards integrating clinical members with scientists. This not only provides a well-rounded membership base, but also serves as an opportunity for translation of research. Scientists are able to bring forward the hottest, fresh off the press information and as a clinical member, you can help add context to this information to make it more relevant in a clinical setting. To find an interest group that best fits your clinical needs, visit www.geron.org/stay-connected/interest-groups.

Utilize Your Section Resources

Existing outside the world of ESPO are four sections: Behavioral and Social Sciences; Biological Sciences; Health Sciences; and Social Research, Policy, and Practice. While Health Sciences seems like an obvious home-base for a clinical member, many individuals have also found a home in the other sections as well. For clinicians who are focused on policy changes and how these affect our older adult patients, then the Social Research, Policy, and Practice section is a great location for you! Are you someone who prescribes medications and is interested in the functioning of things on the cellular level? Then check out the Biological Sciences section! While ESPO serves as a resource for young professionals within GSA, it is only one support beam of a greater foundation for your success within the organization.

Join Mentor Match

Finally, one feature of the Society’s online networking platform, GSAConnect, is Mentor Match. This is a resource in which you can enroll as a mentee and seek out mentors in areas you are interested in receiving guidance in, such as publications or interviews. Once you create your GSAConnect profile you have access to this free service and can locate other clinically-minded people to expand your connections to network with these individuals. For more information on the Mentor Match program, visit www.geron.org/programs-services/mentor-program.

If you have any suggestions on how ESPO can better integrate services and resources for our clinically trained members, please don’t hesitate to reach out to us at espo@geron.org.
Thank you for making September’s Membership Month a success. GSA’s staffers and volunteer leaders appreciate all the personal outreach that resulted in welcoming new members to our professional home. Each referring member received a $25 Amazon.com gift card as a thank you.

GSA welcomes referrals year-round through our monthly “Colleague Connection” program. All members who make a referral during the month are entered into a drawing to win a $25 Amazon.com gift card.

THANK YOU to the GSA members below and welcome to our new members!

Jennifer A. Ailshire (referred Katrina Walsemann)
Steve Austad (referred Ashley Turner)
Allison Bielak (referred Christopher Brydges)
Angelia Bowman (referred Shana Sandberg)
Paula Carder (referred Lindsey Smith)
Grace Caskie (referred Eva Root)
Maria Claver (referred Susan Brilliant, Sheila Salinas Navarro and Raquel Paz)
Jo Ann Damron-Rodriguez (referred Benjamin Nguyen)
Howard Degenholtz (referred Rachel Butler)
Yang Fang (referred Minjie Lu)
Joseph Gaugler (referred Colleen Peterson)
Laura Gitlin (referred Lauren Parker)
Gay Hanna (referred Lisa Wong)
Isabelle Hansson (referred Linn Elena Zulka)
Terri Harvath (referred Karen de Sola-Smith)
Jennifer Heston (referred Traci Wilson)
Patrick Hill (referred Gabrielle Pfund)
Yi-Han Hu (referred Yun-Zih Chen)
Ellen Idler (referred Jessica Star)
Vyacheslav Labunskyy (referred Pavlo Areshkov and Carine Beaupere)
Rahul Malhotra (referred Abhijit Visaria)
Shane J Morlan (referred Lynne Azar)
Anne B. Newman (referred Rafael Migoyo and Michelle Utz-Kiley)
Tina Kruger Newsham (referred Britteny Howell)
David Roth (referred J. David Rhodes)
Marie Savundranayagam (referred Shalane Basque)
Judith Scott (referred Allison Findlay)
George Shannon (referred Sai Raj Kappari)
Nina Silverstein (referred Elizabeth Arpino)
Philip Smith (referred Adam Klausner)
Sarah Szanton (referred Melissa Hladek)
Dallin Tavoian (referred Nathan Wages)
Fernando Torres-Gil (referred Carol Leung)
Rachel Walker (referred Ellen Smithline)
John B. Williamson (referred Jihyun Lee)
Minzhi Ye (referred Xuemei Cao)
Linn Elena Zulka (referred Georg Henning)
Survey Finds Social Security, Medicare Popular Across 3 Generations

The Association of Young Americans (AYA) and AARP have released the second in their series of research findings that take a close look at the similarities and differences in the opinions of the Millennial, Generation X, and Baby Boomer generations. Findings include sentiments on student loans, financial security, political opinions, and media use. The research covers personal economic security, financial advice and sentiments about that national economy. The purpose of the survey is to highlight how three generations view major issues facing the nation. New survey results find Americans across three generations have major concerns about their personal finances, debt levels, and the national economic picture, despite a growing economy. Across the generations Social Security and Medicare remain as popular as ever. Although almost half (49 percent) of Millennials, Generation X, and Baby Boomers report feeling somewhat satisfied with their financial situation, while, 37 percent, feel not at all or not too satisfied. “AYA and AARP began working together because we know that older Americans and younger Americans have far more similarities than differences. As we look into the future, financial and retirement security is going to be a concern for all of us. By doing this research and learning about sentiments of different generations, we can work together to strengthen these programs to ensure the long-term financial security of current and future generations,” said AARP Senior Vice President Jean Setzfand. To learn more, visit www.aarp.org/research/topics/economics/info-2018/three-generations-survey.html.

Income, Poverty, Health Insurance Coverage Detailed in Census Bureau Reports

The U.S. Census Bureau announced that real median household income increased by 1.8 percent between 2016 and 2017, while the official poverty rate decreased 0.4 percentage points. At the same time, the number of people without health insurance coverage and the uninsured rate were not statistically different from 2016. These findings are contained in two reports: “Income and Poverty in the United States: 2017” and “Health Insurance Coverage in the United States: 2017.” Another Census Bureau report, “The Supplemental Poverty Measure: 2017,” is also now available. The supplemental poverty rate in 2017 was 13.9 percent, not statistically different from the 2016 supplemental poverty rate of 14.0 percent. The Supplemental Poverty Measure provides an alternative way of measuring poverty in the U.S. and serves as an additional indicator of economic well-being. Access further information at www.census.gov/programs-surveys/acs/.
PP&AR Focuses on Advancing Health Policy

The newest issue of Public Policy & Aging Report (PP&AR) is titled “Advancing Health Policy for Older Americans: How the Health and Aging Policy Fellows Convert Academic Expertise into Viable Policy Solutions.” The authors of this issue are alumni of the Health and Aging Policy (HAP) Fellows Program. As noted in the introduction piece, “From widely divergent disciplines and fields of practice, the HAP Fellows have been at the forefront of addressing a wide range of policy topics essential to improving the quality of life for older adults, both during and after their fellowships.” This is the first issue published under new Editor-in-Chief Brian Kaskie. He indicated in his opening editorial that he “wanted to share the sort of lighting in a bottle that occurs when researchers from wildly different academic disciplines come together and apply their expertise to the singular cause of improving the public policy response to the nation’s aging population.” He added that during his own time as a fellow, he “repeatedly saw such flashes when administrative agents, committee staff, economists, gerontologists, health services researchers, lawyers, medical doctors, nurses, policy analysts, social workers, and many others come together, integrating their disciplinary perspectives to address a critical issue facing older Americans.” To access this issue, visit academic.oup.com/ppar.

Article Split View Feature Enabled on All GSA Journal Articles

Article Split View, an enhanced article experience, is now available for all journals on the Oxford Academic platform. Article Split View allows users to enjoy a more focused reading experience with parallel presentation of secondary content like images, tables, and references. Journals can present an article-centric reading experience in which outward links and extra features are minimized, allowing users to access the core article content and supplementary materials in side-by-side panels. Users can easily navigate from linked references, figures, and tables in the article directly to the relevant item in the secondary tab without leaving the main body of the article. Independently scrolling panels also allow users to browse all figures and tables or references apart from the article text.

DIRECTOR FOR THE DIVISION OF GERONTOLOGY, DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH, SCHOOL OF MEDICINE
Baltimore, Maryland

The University of Maryland School of Medicine seeks an associate or full professor to lead the Division of Gerontology in the Department of Epidemiology and Public Health to advance ground-breaking research in gerontology. The Division Director will draw on outstanding campus resources to accelerate growth of an interdisciplinary, translational gerontology research program of excellence.

Its nationally and internationally recognized strengths in aging make the School of Medicine a national leader in gerontology and geriatrics. With multiple NIH awards in aging, the School is home to:

- The Center for Research on Aging and its 9 Centers of Excellence in aging, including:
  - University of Maryland Baltimore Hip Studies;
  - VAMC-funded Gerontology Research, Education, and Clinical Center (GRECC);
  - NIH-funded Claude D. Pepper Older Americans Independence Center;
  - Center for Biology and Behavior Across the Life Span;
  - Nutrition Obesity Research Center (NORC);
  - Program in Aging, Trauma and Emergency Care;
  - Peter Lamy Center for Drug Therapy and Aging;
  - Center for Aging Studies at UMBC;
  - Gerontology and Geriatrics Education and Research Program.

- Superb collaborative opportunities with faculty from the Schools of Pharmacy, Nursing, Dentistry, Social Work, and Law, and the University of Maryland Medical Center and Veterans Affairs Medical Center on the UMB health campus, and the nationally recognized University of Maryland Health System.

The director will be expected to bring national vision and leadership to the Division of Gerontology, and mobilize and coordinate scientists whose interdisciplinary research benefits older people and attracts funding to build the division.

The successful candidate for the position will be a national leader with a PhD and/or MD and significant experience conducting and fostering interdisciplinary research, a record of extramural research funding, and demonstrated leadership capabilities.

UMB has retained Isaacson, Miller, a national executive search firm based in Boston, to conduct the recruitment of this position. Confidential inquiries, nominations, and applications may be directed to the search firm: Dr. Daniel Rodas, Partner, Liz Vugos, Managing Associate, Isaacson, Miller www.imsearch.com/6655

The University of Maryland, Baltimore is an Equal Opportunity/Affirmative Action Employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply.
NIA Aims to Launch Clin-STAR Coordinating Center

The National Institute on Aging (NIA) has slated funds to support the development of a Clinician-Scientists Transdisciplinary Aging Research (Clin-STAR) Coordinating Center, which will organize activities and provide research resources for clinician-investigators across the U.S. who are focusing their careers on aging research. The specific goals of this initiative are to convey scientific and research knowledge on aging research; foster networking and collaboration between clinician-scientist leaders in aging research and clinician-investigators across specialties who wish to focus on aging research; provide mentoring and career development support for emerging clinician-scientists committed to pursuing aging research in their clinical specialty or discipline; and advance transdisciplinary research projects in aging. Ultimately, the Clin-STAR Coordinating Center is intended to provide a multi-faceted national research platform leading to improved patient-centered care for older adults across specialties and disciplines. The letter of intent due date is January 4, 2019, and applications are due February 4, 2019. Full details can be found at bit.ly/2CUp5xs.

Grants Target Epidemiology of Alzheimer’s Disease, Cognitive Resilience

Through a funding opportunity announcement, the National Institute on Aging (NIA) is encouraging investigator-initiated applications addressing the epidemiology of Alzheimer’s disease (AD) as well as protective factors for cognitive health and resilience. All projects in cognitive epidemiology and genetics/genomics relevant to AD are welcome. The NIA especially encourages projects or revisions to projects that propose: augmenting existing longitudinal cohort studies; enabling precision medicine for AD; enhancing the power of multi-ethnic cohort studies; exploring trends in the risk of AD and their explanation via putative risk and protective factors; collecting and sequencing DNA samples from well-characterized cases and controls; electronic archiving of cohort studies; harmonizing complex data sets relevant to AD; and harmonizing dementia assessment to enhance cross-national comparisons. The application due date is January 8, 2019. View full announcement at bit.ly/2DSAPg0.

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Epidemiology of Aging | Aging Policy Issues
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