Speaking at a September 25 hearing of the U.S. Senate Special Committee on Aging, University of Illinois at Chicago professor Susan L. Hughes, PhD, FGSA, told lawmakers that “physical activity matters and is essential for healthy aging” and should be made a “top national priority for older adults.” She additionally called for the reauthorization of the Older Americans Act, citing its importance in “maintaining and accelerating advances in healthy aging.”

Hughes is a professor in the School of Public Health at the University of Illinois at Chicago, where she is also director of the Center for Research on Health and Aging and director of the Midwest Roybal Center for Health Promotion and Translation in the Institute for Health Research and Policy. She is a long-standing member of GSA.

At the hearing, which was titled “Promoting Healthy Aging: Living Your Best Life Long Into Your Golden Years,” she shared that the fact that the benefits of physical activity are well understood among professionals who care for older adults, yet levels of engagement in exercise within this population segment “are still sub-optimal.”

“We need to make exercise easy, we need to make engagement in physical activity a cultural norm, and we need to start early,” Hughes said in her testimony. “We need to use a life-course perspective wherein engagement in physical activity is encouraged at every stage of life starting with toddlers; this effort involves a culture shift that is starting to happen and should be supported every step of the way.”

Hughes shared the successes of Fit and Strong!, an award-winning, evidence-based...
From the CEO

2019 Successes Reflect Strong State of the Society

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

In preparing to address the membership each November at the Annual Scientific Meeting, I always reflect back on the past year’s achievements that members helped make possible. Below are some of the most noteworthy items that I hope you’ll join me in celebrating.

**GSA Governance Transformed:**
Based on a plan carefully crafted over several years by GSA volunteer leaders, the membership voted to approve changes to GSA’s bylaws and articles of incorporation. Dubbed the “2020 Vision for Growth and Impact,” GSA is now enabled to provide an increase in member service opportunities for professional growth; greater interdisciplinary networking; and a stronger Society through an enhanced board structure.

**AGHE Fully Integrates with GSA:**
Following the incorporation of the Academy for Gerontology in Higher Education (AGHE) as GSA’s educational organization in 2018, AGHE sessions and events were fully integrated into GSA’s Annual Scientific Meeting program in Austin; AGHE has taken the lead on work related to the Age-Friendly University Global Network; and GSA members can take advantage of AGHE materials, including a community on GSA Connect.

**Membership Benefits Grow:**
The governance changes and AGHE integration mentioned above weren’t the only new benefits members saw this year. We now offer the opportunity for members to affiliate with more than one section, enabling more collaboration between disciplines. And speaking of disciplines, we released “Optimal Aging Across the Life Course: The Purposes of Longer Lives,” a new combined trends report that supplants the individual section reports released in previous years. Additionally, a new program of webinars joined the growing lineup of webinars offered on GSA’s website.

**GSA Oversees Advancement of Reframing Aging:**
In April, GSA become home to the next phase of the Reframing Aging Initiative, working on behalf of eight national aging organizations with multiple grant funders. Founded on social science research, the initiative is a long-term social change endeavor designed to improve the public’s understanding of what aging means and what contributions older adults bring to society. Ultimately, this understanding will counter ageism and guide our nation’s approach to ensuring healthy and productive aging for all people across the life course.

**GSA Gains Recognition Through Advocacy Efforts:**
Our voice was heard on Capitol Hill and elsewhere this year. Coalitions increasingly look to include the expertise that GSA provides, and we serve in leadership roles on several of them. I am also proud of GSA’s contribution to efforts to advance the Older Americans Act. We worked directly with House of Representatives staffers to include language and provisions in a reauthorization bill. More to come!

**Journalists Program Reaches Milestone:**
This year, we welcomed the 10th cohort of the Journalists in Aging Fellows Program, which educates reporters on aging and helps them spread accurate coverage to diverse communities throughout the U.S. Our 170 alumni to date have generated nearly 700 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.

**Planning Begins for 75th Anniversary and Beyond:**
GSA established a 75th Anniversary Workgroup and a Strategic Planning Workgroup to lay groundwork for our major milestone in 2020 and to achieve the greatest impact in the years ahead, respectively. Stay tuned as we identify appropriate mechanisms for recognizing the Society’s rich heritage and engaging members and stakeholders in helping foster GSA’s success for the next 75 years.

James
In Memoriam

Huber R. Warner, PhD, FGSA, passed away in October. He previously had served as associate director of the Biology of Aging Program at the National Institute on Aging and associate dean of research in the University of Minnesota’s College of Biological Sciences. In the former capacity, Warner initiated a series of program announcements and requests for applications that brought together the sub-fields of cellular and sub-cellular research with whole organ or organism physiology. He also helped initiate the Intervention Testing Program, an endeavor which seeks to close the gap between basic science and the informal applied approach to intervening in the aging process. Warner was a recipient of GSA’s Donald P. Kent Award.

Members in the News

• Kathrin Boerner, PhD, was quoted in The New York Times on June 27 in an article titled “At 75, Taking Care of Mom, 99: ‘We Did Not Think She Would Live This Long’.”
• Elizabeth Zelinski, PhD, FGSA, was quoted in a Vice article on September 9 titled “Is It Time to Start Testing Presidential Candidates for Cognitive Decline?”
• On September 10, Knowable Magazine featured an interview with The Journal of Gerontology: Social Sciences Editor-in-Chief Deborah Carr, PhD, FGSA, titled “Going gentle: A sociologist explains how to get the most out of the final months of life.”

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Nancy Glynn, PhD, FGSA

The recipient, who became eligible after referring new member Yujia “Susanna” Qiao, 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: Danielle A. Waldron, MS

Click on the Member Spotlight slider image at the top of www.geron.org to read the interview and ask questions.

Yap Earns Top Government Award

Tracey L. Yap, PhD, RN, WCC, CNE, FGSA, FAAN, was named a recipient of a 2019 Presidential Early Career Award for Scientists and Engineers, which is the highest honor bestowed by the U.S. government to outstanding individuals who are beginning their independent research careers and who show exceptional promise for leadership in science and technology. Yap is an associate professor at the Duke University School of Nursing, and a senior fellow at the Duke University Center for the Study of Aging and Human Development.

Fortinsky Showcases KAER at Workshop Led by Members

GSA’s KAER Toolkit was the focus of a presentation by GSA Cognitive Impairment Detection and Earlier Diagnosis Workgroup Chair Richard H. Fortinsky, PhD, FGSA, at the First Workshop of the Committee on Developing a Behavioral and Social Science Research Agenda on Alzheimer’s and Alzheimer-Related Dementias. Several active GSA members are also on the committee, including Mark Hayward, PhD; Spero M. Manson, PhD; Vincent Mor, PhD, FGSA; David Reuben, PhD, FGSA; and Roland J. Thorpe, Jr, PhD, FGSA. GSA staff members in attendance included Vice President of Strategic Alliances and Integrated Communications Karen Tracy, Director of Strategic Alliances Judit Illes, Visiting Scholar Katie Maslow, and Vice President of Professional Affairs Patricia D’Antonio.

Eagen, Gualtieri, Kusmaul, Lynn, O’Neill, Van Heumen Among New Policy Fellows

Half of this year’s incoming class of 12 Health and Aging Policy Fellows are GSA members. Among them are Thomas Eagan, PhD, MPH; Marie Gualtieri, PhD; Nancy Kusmaul, PhD, MSW; Joanne Lynn, MD, MS, MA; Lisa O’Neill, DBH, MPH; and Liebe van Heumen. The Health and Aging Policy Fellows Program aims to create a cadre of leaders who will serve as change agents in health and aging policy to ultimately improve the health care of older adults. The year-long fellowship offers a rich and unique training and enrichment program that is focused on current policy issues, communication skills development, and professional networking opportunities to provide fellows with the experience and skills necessary to help affect policy. The program is funded by The John A. Hartford Foundation, West Health, The Atlantic Philanthropies, the U.S. Veterans Health Administration, and the Centers for Medicaid and Medicare.

Corazzini Takes Associate Dean Post

The University of Maryland School of Nursing has named Kirsten Corazzini, PhD, FGSA, as a professor with tenure and associate dean of the Doctor of Philosophy program. She will be responsible for ensuring that graduates of the doctoral program are well prepared to engage in research and scholarship that enhance the field of nursing, influence health care, and spark new approaches to scientific questions. She will oversee the recruitment, retention, and advancement of doctoral students; develop and implement new initiatives to advance their research capacity; and facilitate interprofessional interactions and learning.

Bennett, Keefe, Tabrizi Earn GACA Awards

Katherine A. Bennett, MD, Bronwyn Keefe, PhD, MSW, MPH, and Maryam Tabrizi, DMD, MPH, were among 26 recipients of Geriatrics Academic Career Awards (GACA) given by the U.S. Health Resources and Services Administration. These awards support the career development of individual junior faculty at accredited schools. Established in 1998, the federally funded GACA program focuses on developing the next generation of geriatrics health care professionals.

gsa connect corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at connect.geron.org!

• Sue Anne Bell, PhD: I’d like to share the results of a national poll on emergency preparedness and older adults conducted with AARP and the University of Michigan. I am happy to talk further about the results with anyone. I’d also appreciate if you would share with anyone interested. (Posted in the Disasters and Older Adults Interest Group Community)
GSA Members Shaping Aging Services and Health Policy

Many of you remember GSA’s extensive work related to “Families Caring for an Aging America,” a report released in September 2016 by The National Academies of Sciences, Engineering, and Medicine (NASEM). GSA’s role started with more than half of the study committee being GSA members and continued with wide dissemination of the report enabled by a grant from The John A. Hartford Foundation. The dissemination featured a series of sessions at the Annual Scientific Meeting, a Capitol Hill briefing titled “Congressional Stories of Family Caregiving” that showcased six members of Congress, and connecting the press with family caregiving experts.

We have continued related work by supporting the RAISE Family Caregivers Act (which became law last year) and this year with Older Americans Act proposals. That fits my definition of GSA being a leader in public policy.

Back to the present, on September 25, NASEM released another consensus study report, this one titled “Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health.” Once again GSA members are in the thick of public policy analysis and innovations.

Robyn Golden, MA, LCSW, FGSA, is associate vice president for population health and aging at Rush University Medical Center, principal investigator at Rush’s Geriatrics Workforce Education Program, and one of the key thought leaders on the NASEM study committee.

You may recall that Robyn also serves as co-chair of the National Coalition on Care Coordination and was the 2017 recipient of GSA’s Maxwell A. Pollack Award for Productive Aging, which “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.”

Well, Robyn, her institution, and close colleagues have been at it again: the report speaks of the “considerable efforts of Bonnie Ewaldo, Rush University Medical Center, and of the Social Work in Health Care Leadership Workgroup convened by the Center for Health and Social Care Integration, who were instrumental in conceiving the idea for the study and working to move it forward.” Other GSA members on the project included committee member Tamara Cadet PhD, MPH, LCSW; report reviewers Peter Maramaldi, PhD, and Victoria Rizzo, PhD, LCSW; and committee public meeting presenters Rizzo, Jolene Fassbinder, MA, MGS, and Victoria Rizzo, PhD, LCSW; report reviewers Peter Ewald, Rush University Medical Center, and of the Social Work in Health Care Leadership Workgroup convened by the Center for Health and Social Care Integration, who were instrumental in conceiving the idea for the study and working to move it forward.”

Other GSA members on the project included committee member Tamara Cadet PhD, MPH, LCSW; report reviewers Peter Maramaldi, PhD, and Victoria Rizzo, PhD, LCSW; and committee public meeting presenters Rizzo, Jolene Fassbinder, MA, MGS, and Susan Reinhard, PhD, RN, FAAN, FGSA.

Now what is this report all about? Although I would argue that some inside the beltway are overusing and misusing the phrase “social determinants of health” (SDOH), there is now a better understanding of the role such determinants (e.g., access to housing, food, transportation) play in our ability to provide effective health care to various populations.

The report states, “The study was intended to examine the potential for integrating services addressing social needs and the SDOH into the delivery of health care with the ultimate goal of achieving better health outcomes … Specifically, the committee was asked to assess several factors: the approaches to social care integration that are currently being taken by health care providers and systems as well as any new or emerging approaches and opportunities; the current roles in such integration that are being taken on by different disciplines and organizations as well as new or emerging roles and types of providers; and the current and emerging efforts to design health care systems in such a way as to improve the nation’s health and reduces health inequities. The committee also was asked to recommend how to expand social care services, to better coordinate roles for social care providers in interprofessional care teams in diverse health settings, and to optimize the effectiveness of social care services to improve health and health care.”

The study committee cast a wide net in gathering evidence, particularly outcomes data. It did not look at data from other countries because of “fundamental differences in how health care is delivered among nations and the inability to extrapolate findings.” However, the report points out that the U.S. is “not alone in examining how to provide care for the whole needs of its population.”

The committee developed five goals to optimize integration of social and medical care and identified recommendations under each goal.

- Design health care delivery to integrate social care into health care, guided by the five health care system activities — awareness, adjustment, assistance, alignment, and advocacy.
- Build a workforce to integrate social care into health care delivery.
- Develop a digital infrastructure that is interoperable between health care and social care organizations.
- Finance the integration of health care and social care.
- Fund, conduct, and translate research and evaluation on the effectiveness and implementation of social care practices in health care settings.

Robyn has been sharing the committee’s findings and recommendations at various forums, and I decided to take the opportunity to ask her for some of her thoughts on the report. Robyn’s take on the value of this process and the report itself is very positive. She strongly believes that this work validates what many in the field have been saying for years, that social needs are as critical as medical needs when it comes to influencing health outcomes, and that integrating social care services into the delivery of health care can make a substantial difference in quality of life.
The report lays out this framework and provides many recommendations for the future. As a fellow social worker, I was pleased to see that the report identified important roles for social workers and other social care providers, including gerontologists. See recommendation 5c: “The Health Resources and Services Administration and other funders should support systematic studies of the contribution of the social care workforce, including additional workers such as gerontologists and public interest lawyers, to addressing the social determinants of health in health and community care settings.”

**Brian W. Lindberg:** Congratulations on this consensus report; how does this work at this time move the field forward?

**Robyn Golden:** Many of us have been working for years to build coordinated and comprehensive services that support healthy aging, which calls for social care plans that address patient and family social needs, as well as systems change and structural investments. This report provides a taxonomy for the types of activities that healthcare delivery systems can take on to advance these efforts (the “5As”: awareness, adjustment, assistance, alignment, and advocacy). We also looked at the status of the workforce conducting this work now, and future development needs for the field in terms of having interprofessional teams that are equipped and ready to carry out the 5As. In general, our approach was to recommend integrating social workers and other social care providers (including gerontologists and community health workers) into healthcare teams, while also training physicians, nurses, and other healthcare providers so they can effectively collaborate and provide whole-person care.

**Brian:** Which of the recommendations are most important?

**Robyn:** The committee came to consensus on the need to view and elevate community-based services and social care providers as part of health care, and makes several important recommendations on how to continue building and sustaining bridges between sectors - through various recommended payment reforms, data infrastructure investments, and workforce training initiatives. In forming these recommendations, we drew significantly on the great progress made in this realm in the last decade by many in the aging services network and other care providers.

**Brian:** How do you hope policy makers will use the report, including any possible legislative or executive branch action?

**Robyn:** There are many recommendations the committee made with federal, state, local, and institutional policymakers in mind. For state and federal policymakers specifically, the committee recommended clarifying roles and scope of practice — for instance, that social workers be seen as healthcare providers by Medicare so they can work with individuals without a mental health diagnosis; this suggestion is included in the proposed federal Improving Access to Mental Health Act (H.R. 1533/S. 782). We also called for additional research and infrastructure funds so that social care providers can continue refining their value propositions in context of health outcomes and costs.

**Brian:** Thank you, Robyn.

Visit bit.ly/2l8X0WM to download the full report. This is another great example of GSA members leading the way in policy development to improve the quality of life for older adults and the effectiveness of our health care system. GSA looks forward to sharing this report with stakeholders and policymakers in the legislative and executive branches.

**Recent GSA Policy Actions**

**GSA** welcomed U.S. Assistant Secretary for Aging and Administrator for Community Living Lance Robertson and his staff to GSA headquarters on October 10. Robertson made a presentation to the GSA staff and met with the GSA senior leadership team to discuss ways that GSA and Administration for Community Living can work together to support the aging network.

**GSA** Vice President of Professional Affairs Patricia D’Antonio, BSPharm, MS, MBA, BCGP, represented the Society at an October 7 meeting between the Friends of the National Institute on Aging (FoNIA) coalition and National Institute on Aging Director Richard Hodes, MD, Deputy Director Marie A. Bernard, MD, FGSA, FAGHE, and other NIA leadership to review recent NIA-funded science advances. Scientific highlights included a variety of findings related to longevity and healthy aging, studies on the diverse biomarkers for Alzheimer’s disease and related dementias, and research on dementia care and caregiving. D’Antonio serves as secretary/communications director for FoNIA.

**GSA** Director of Strategic Alliances Judit Illes and Vice President of Professional Affairs Patricia D’Antonio, BSPharm, MS, MBA, BCGP, attended the Advisory Council for the National Alzheimer’s Project Act meeting on October 21. The 2019 Update to the National Plan to Address Alzheimer’s Disease was presented at the meeting. GSA members,Debra Cherry, PhD, and Matthew Janicki, PhD, serve on the Advisory Council. GSA members David Bass, PhD, FGSA, and Katie Maslow, MSW, FGSA, presented an update on Best Practice Caregiving: Guiding Organizations’ Dementia Programs for Family Caregivers. Maslow and GSA member David Reuben, MD, FGSA, provided an update on the 2020 National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers.
The following awards will have been announced during GSA’s 2019 Annual Scientific Meeting in Austin, Texas. The Society salutes the outstanding researchers below for their contributions to gerontology and thanks the selection committees for their time and efforts in choosing the recipients.

**Academy for Gerontology in Higher Education**

- **Graduate Student Paper Award**
  - Peiyi Lu, MSW
  - Iowa State University

- **Mildred M. Seltzer Distinguished Service Honor**
  - Margaret Neal, PhD, FAGHE, FGSA
  - Portland State University

- **Mildred M. Seltzer Distinguished Service Honor**
  - Donna Wagner, PhD, FAGHE, FGSA
  - New Mexico State University

- **James McKenney Student Travel Award**
  - Nancy Aruscavage, BA
  - University of Utah

- **James McKenney Student Travel Award**
  - Holly Bennett, BS
  - University of Arkansas for Medical Sciences

- **James McKenney Student Travel Award**
  - Polina Ermoshkina, MS
  - Case Western Reserve

- **James McKenney Student Travel Award**
  - Jessica Hemple, BS
  - Stockton University

- **James McKenney Student Travel Award**
  - Barbara Hodgdon, MS
  - Ohio State University

**Behavioral and Social Sciences Section**

- **Student Research Award – Dissertation**
  - Theresa Pauly, MA
  - University of British Columbia

- **James McKenney Student Travel Award**
  - Colleen Hollestelle, MA
  - University of Southern California and University of Missouri

- **James McKenney Student Travel Award**
  - MacKenzie Intlekofer, BS
  - University of Iowa

- **James McKenney Student Travel Award**
  - Yijung Kim, MS
  - UMB Boston

- **James McKenney Student Travel Award**
  - Agus Surachman, MS
  - Penn State University

- **James McKenney Student Travel Award**
  - Emily Tamime, BS
  - University of New England College of Osteopathic Medicine
2019 awardees

Biological Sciences Section

George Sacher Student Award
Zheng Kuai, MD
Zhongshan Hospital, Fudan University

Nathan Shock New Investigator Award
Dario Riccardo Valenzano, PhD
Max Planck Institute for Biology of Ageing

Health Sciences Section

Austin Bloch Post-Doctoral Fellow Award
Megan Marron, PhD
University of Pittsburgh

Person-In-Training Award
Orly Tonkikh, RN, MA
University of Haifa

Research Award
Amal A. Wannigatunga, PhD, MPH
Johns Hopkins University

Emerging Scholar and Professional Organization

Interdisciplinary Paper Award
Zuyun Liu, PhD
Yale University

Poster Award
E-Shien Chang, MA
Yale University

Poster Award
Melanie M. Serrao, MS
Brigham Young University

Poster Award
Yang Li, MS, MA
University of Massachusetts Boston

Douglas Holmes Emerging Scholar Paper Award
Darina Petrovsky, PhD, RN
University of Pennsylvania

Minority Issues in Gerontology Committee Student Poster Award
Roberto J. Millar, MA
University of Maryland Baltimore

For information on GSA’s awards, visit
www.geron.org/membership/awards.
RRF Announces Next Grant Deadline; Posner Join Staff

The Retirement Research Foundation (RRF) is accepting applications for projects in aging; its next proposal deadline is February 3, 2020. RRF trustees recently approved a three-year strategic plan, which reflects a continued commitment to improve the quality of life for older people, and a desire to become increasingly proactive as the foundation moves forward. A centerpiece of the plan is the establishment of strategic priority areas. These include specific topics in aging that will be given higher priority within the RRF’s grantmaking program, beginning in 2020. Priority areas include caregiving, economic security in later life, housing, and social and intergenerational connectedness.

Each priority area affords an opportunity for RRF to support innovative and effective projects that enable older people to live well and fully in community settings. While the priority areas reflect RRF’s primary funding interests, the foundation remains open to considering compelling applications on other topics.

RRF’s grantmaking will continue to support advocacy, direct service, education and training programs, research, and organizational capacity building. Proposals for direct service projects are considered from organizations based in Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects, all with national relevance, are considered from organizations in any state. Organizational capacity building requests are accepted from nonprofits located in metropolitan Chicago.

RRF offers an opportunity for applicants to submit a brief (one to three pages) letter of inquiry (LOI) as part of its grantmaking process. Information about the optional LOI process can be found on RRF’s website. LOIs should be submitted by December 2. To learn more, visit www.rrf.org or email info@rrf.org.

In September, RRF also announced the hiring of Anne Posner as a program officer. Posner came to the foundation from Chicago’s Department of Public Health, where she worked as the director of health equity and strategic partnerships, overseeing the Healthy Chicago 2.0 initiative. She previously served as the associate vice president of senior services for Catholic Charities of Chicago and as the director of programs for AgeOptions.

National Healthy Brain Initiative Accepting Grant Applications

The National Healthy Brain Initiative within the U.S. Centers for Disease Control and Prevention has issued a notice of funding opportunity. Its purpose is to enable an organization with national scope and reach within states and organizations to support populations with a high burden of Alzheimer’s disease and related dementias — to develop and implement public health strategies guided by the Healthy Brain Initiative Road Map Series; Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map; and the Road Map for Indian Country. To learn more, visit www.cdc.gov/aging/index.html. The application date is January 8, 2020.
Seven Tips for Successfully Negotiating a Job Offer

By Darina V. Petrosky, PhD, RN

Negotiating a job offer can be stressful. Most of us are not comfortable with talking about money and advocating for oneself once we receive a job offer. Learning how to negotiate is an important skill as we transition from being a student to our next position in academia or elsewhere.

In the latest GSA Emerging Scholar and Professional Organization Professional Development Series Webinar, held on September 6, we looked at what it takes to successfully negotiate a job offer. Keith A. Anderson, PhD, MSW, FGSA, and Hannah Wohlfert, MBA, gave us strategies and tips on how to negotiate a job offer in academia and in the private sector. It’s archived at www.geron.org/webinar. Here are seven tips I took away from the webinar.

Tip 1: Know your self-worth.
Spend some time early in the job search process listing your strengths. In academia, you may have been extremely productive during your doctoral or postdoctoral years by publishing consistently in peer-reviewed journals, forming interprofessional collaborations and taking on leadership roles in national professional organizations. In the private sector, look at your current and potential future titles. Think about what you bring to the table and keep those strengths in mind when you begin the negotiating process.

Tip 2: Meet with your advisory team to review the offer.
Whether you are in academia or the private sector, find a set of formal or informal mentors (or coaches) who are willing to review the terms of the job offer with you. Talking with individuals who have gone through the process themselves may provide additional insight into common and less common elements of an offer. For example, according to Anderson, less common elements of an offer in academia includes paid travel to find housing and spousal hire.

Tip 3: Decide on the important elements of the job for you.
Prior to the actual negotiations, sit down and write down the elements of the job that are most important to you. Take this list with you to the negotiations. There will be elements of an offer that you will not be able to negotiate. Having a list of what matters to you most will allow you to have a plan and be flexible in case some of those elements are non-negotiable. Both of the webinar experts illustrated how time and money are the two most negotiable elements. Outside of academia, those elements can be having more time off or having the flexibility to work from home.

In academia, time elements may include course and service release or even a pre-tenure sabbatical. Prioritizing those elements and having the list of the elements that matter most to you as you negotiate makes you look prepared, organized and determined.

Tip 4: Learn about the art of negotiating.
Some of the resources that Wohlfert recommended included two books (“Crucial Conversations: Tools for Talking When Stakes Are High” by Patterson, Grenny, and McMillan, and “Fierce Conversations: Achieving Success at Work and in Life One Conversation at a Time” by Scott). Additionally, listen to podcasts and watch video of actual negotiations. Rehearse in front of a mirror and your peers. Envision the room and the circumstances (if negotiating in person). Being prepared for what verbal negotiations entail and what tools you need to make those conversations successful can position you to advocate for yourself in the best possible way.

Tip 5: Get all the details and communicate.
Once you receive your job offer in writing, spend the next few days to get all the details around the offer, which includes salary and benefits. Learn about all the available benefits this institution or company offers. In addition, research comparable salaries in other institutions or companies. Whether communicating by email or phone, be clear and concise. Communicating by email allows you to carefully craft your statements, while communicating via phone is more personal and allows for instant feedback. Take good notes, repeat the terms discussed during the phone call (if negotiating during the phone call) and offer to send a written summary of your phone call.

Tip 6: Be flexible, yet determined.
Once you determined all the available benefits an institution or company offers, take a look at the list you created earlier of all the important elements of the job and align your “asks” with what is available. Anderson recommended asking for 10 percent more than the offered base salary. Remember to negotiate for other sources of income (such as sign-on bonus, start-up funds or research-related funding) once base salary is determined.

Tip 7: Be kind, courteous, and grateful.
In all your communications, remember to be kind. Even though you may not accept a particular job offer, you may collaborate or work with the individuals from that institution or company in the future. Send hand-written thank you notes and follow up with individuals.
people of all ages and their communities. It’s not a fad or a trend — it’s an exciting and challenging reality,” said Joann Montepare, PhD, FGSA, FAGHE, of Lasell University, who served on the advisory board that oversaw content development for the new *What’s Hot.*

“Higher education has the talent, resources, and responsibility to help us navigate this new reality. I hope this issue makes clear why higher education needs to be more age-friendly and inspires institutions to join the age-friendly network of change makers.”

The AFU principles provide an aspirational and comprehensive framework that calls upon institutions of higher education to focus more of their efforts around aging and access. Additionally, they provide structure for guiding institutions to develop their age-friendly vision, programs, policies, and partnerships. They are designed to assist institutions with identifying gaps and opportunities for new age-friendly efforts.

Sixty institutions have joined the AFU Global Network as of September 2019, and the number continues to grow. GSA has endorsed the AFU principles through its educational organization, the Academy for Gerontology in Higher Education (AGHE). Three 2019 GSA-hosted webinars on this topic are available at www.geron.org/webinar, and the 2019 Annual Scientific Meeting program includes several AFU-related sessions. GSA also launched an AFU Interest Group for members earlier this year. And AGHE’s journal, *Gerontology & Geriatrics Education,* published an AFU-themed issue in spring 2019.

The new *What’s Hot* states that as the AFU Global Network grows, increasing numbers of individuals will be more knowledgeable about aging, cultivate positive attitudes about older adults, and have opportunities to develop valuable intergenerational relationships.

Further, the age-friendly movement has the potential to help colleges and universities thrive financially because older adults can increase enrollment and provide new revenue streams; these enhancements are especially meaningful as many institutions are facing decreasing enrollments of traditional-aged students as the result of shifting demographics. From certificate programs at community colleges to advanced degrees in universities, more institutions of higher education are seeing the value of providing age-diverse programs that meet the needs of older learners, realize the benefits of intergenerational education, and help the school remain competitive.
With sponsorship from the National Institute on Aging, Yale University offers 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 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. Generous stipend, travel and training allowances, and opportunity to earn a Master of Health Sciences from Yale School of Medicine. Candidates must demonstrate a commitment to an academic career in aging-related research. Candidates from underrepresented groups are encouraged to apply. US citizenship or permanent residence is required. More information and application materials can be obtained at:

https://medicine.yale.edu/intmed/geriatrics/fellowships/research

We are currently accepting submissions through January 25, 2020
GSA 2020 ANNUAL SCIENTIFIC MEETING
Turning 75: Why Age Matters

Join The Gerontological Society of America and more than 4,000 professionals in the field of aging from around the world to learn the latest trends, research, and developments from industry leaders, build strategic partnerships to address aging challenges, and network with peers!

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