GSA Takes Co-Sponsoring Role for NIH Geroscience Summit

The Trans-NIH Geroscience Interest Group (GSIG) at the National Institutes of Health (NIH) is inviting GSA members to attend Advances in Geroscience: Impact on Healthspan and Chronic Disease, a scientific conference scheduled for October 30 and 31 at the NIH campus in Bethesda, MD. GSA and the Alliance for Aging Research are co-sponsors of the event.

During the two-day summit, 50 renowned scientists will discuss the extent to which the physiological effects of aging represent a common major risk factor for chronic diseases affecting the aging population. In addition to a plenary session launched by NIH Director Francis S. Collins, MD, PhD, there will be seven scientific sessions focusing on inflammation, adaptation to stress, epigenetics and regulatory RNA, metabolism, macromolecular damage, proteostasis, and stem cells and regeneration.

The GSIG was established in October 2011 under the guidance of GSA member Felipe Sierra, PhD, who also played a major role in the development of the summit program. “We are bringing a number of experts in different diseases as well as on aging to interact and to try to channel the different ideas of how we can include aging as a malleable risk factor and a modifier of those diseases,” he said.

September is GSA’s Membership Month!
Help us build a stronger community by recruiting new members. When you refer a colleague to join GSA during Membership Month, you’ll receive a $25 Amazon.com gift card! Visit www.geron.org/community for more details. With your assistance, we can expand the interdisciplinary network of professionals in the field and further advance innovation in aging.

Seoul Meeting Puts IAGG Planning in Full Swing; 2017 Site Now Live

A GSA delegation’s participation in the 20th World Congress of Gerontology and Geriatrics held in Seoul, Korea, in June marked the beginning of the Society’s public outreach efforts to promote the 21st World Congress, which GSA will host in 2017.

The official website of the 2017 World Congress has been launched at www.iagg2017.org and contains preliminary information such as key dates and an option to sign up for an e-newsletter. The meeting will take place from July 23 to 27, 2017, at the Moscone Center in San Francisco.

The International Association of Gerontology and Geriatrics (IAGG) holds a World Congress every four years to provide an international forum for the exploration of new discoveries about aging. GSA was tapped to host the next event in 2009 after a competitive bid process. IAGG has member organizations in over 64 countries worldwide with a combined membership of over 45,100 professionals —
From the Executive Director

Unparalleled Global Connections Await You in 2017

By James Appleby, RPh, MPH
jappleby@geron.org

One of the most important points discussed in our cover story on the recent World Congress of Gerontology and Geriatrics in Seoul is the launch of our website dedicated to the 2017 World Congress in San Francisco. Why is this meeting that’s four years away on the front burner right now?

In 2009, GSA was tapped to host this conference — slated for July 23 to 27, 2017 — by the International Association for Gerontology and Geriatrics (IAGG). Since the Congress takes place every four years, many people often think of it as the olympics of gerontology. That’s why we are devoting a great deal of resources to its preparation.

It’s going to be an important event for GSA as the Society continues to support research into global aging issues with talented scholars from around the world sharing their findings. I applaud GSA’s volunteer leaders who led the charge to secure the bid to become host and who will be responsible for all the important planning activities.

Because this is going to be such a major gathering for gerontologists worldwide, GSA has elected to forego having its own Annual Scientific Meeting in 2017. Long-time GSA members will recognize this as an extremely rare instance of our Society not convening in mid-November.

But the most important thing that members need to know is that GSA will provide them — as it does every year — with a conference at which to present new scientific research and network with a multidisciplinary group of professionals in the field of aging. In fact, we’re confident that the 2017 IAGG meeting attendance will exceed that of a normal GSA meeting.

We have been working diligently over the last several years to increase international awareness of GSA and its members’ work. In addition to our recent participation in the Seoul World Congress, we have co-sponsored several gerontology conferences in other countries. A significant number of these have taken place in China as part of our ongoing China Initiative. You should also recall that in 2012 we initiated a Global Aging Forum on the last day of our Annual Scientific Meeting, which has been strengthened by a partnership we have formed with the Pan American Health Organization.

About 18 percent of GSA’s membership is based in countries outside the U.S. and we expect that number to grow. Our hosting of the World Congress will further demonstrate that although we are headquartered in America, we are committed to advancing innovation in aging around the world. Thus, this meeting will offer members a chance to gain further widespread attention for their research.

In fact, I invite you, our members, to get in touch with me about any projects you may have in the pipeline that will be ready for public presentation in 2017. The abstract submission process will be very similar to a GSA meeting, but our planning team is already working to formulate some headline sessions. Send me an e-mail at jappleby@geron.org if you’re aware of anything significant that would bring value to the World Congress program. I would like to extend my appreciation to Jeffery Halter and Terrie “Fox” Wetle, who are serving as scientific program co-chairs.

And this meeting wouldn’t be possible without our distinguished team of John Rowe, Toni Antonucci, and Jacqueline Angel (as president, vice president/secretary general, and treasurer, respectively), who reflect the strength of our interdisciplinary membership.

In addition to their service for the World Congress in 2017, they will serve as the officers of the IAGG secretariat for the subsequent four years.

James
GSA Fellow Nathan Kogan, PhD, a professor emeritus at the New School for Social Research and a visiting scholar in the Research and Development Division at the Educational Testing Service (ETS) in Princeton, NJ, passed away on April 28 at the age of 86. He and joined the ETS Personality and Social Behavior Research Group in the 1950s. His research interests included cognitive styles and spanned diverse areas: creativity, performing arts from multiple psychological perspectives, metaphor, risk-taking, group decision-making among delegates, aesthetics, and attitudes and stereotypes about age. Kogan’s Attitudes Toward Old People Scale has been translated into many languages and is used throughout the world. At the time of his passing, he was actively working on research relating to attitudes towards life extension technology. Kogan served two terms as president of the Society for the Psychology of Aesthetics, Creativity, and the Arts. He received several awards and also was a fellow of the Association for Psychological Science, the American Association for the Advancement of Science, and Divisions of the American Psychological Association.

New Publications by Members


Members in the News

- GSA Fellow Rachel Pruchno authored an op-ed in USA Today on April 10 titled “Mental illness laws block parents.”
- GSA Fellow Lisa Brown, PhD, and Bruce Bongar, PhD, ABPP, authored an April 10 entry on the Oxford University Press blog titled “The need for a new first aid training model in a post-9/11 world, regarding disaster response.”

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: Virpi Timonen, DPhil
Visit www.geron.org/Membership/member-spotlight to ask questions and read previous interviews.

Colleague Connection

This month’s $25 amazon.com gift certificate winner: Sarah G. Burger, MPH, RN, FAAN
The recipient, who became eligible after referring new member Diane Carter, RN, MSN, RACCT, CNE, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/connection.

Palombo Joins Tufts Health Plan Foundation

Ruth Palombo, PhD, RD, most recently the assistant secretary for the Massachusetts Executive Office of Elder Affairs, joined the Tufts Health Plan Foundation as a senior health policy officer in February. A 30-year health and human services industry veteran, Palombo is now responsible for the foundation’s educational, network-building and policy-related activities in Massachusetts and Rhode Island. These efforts align with the foundation’s mission of healthy aging and its work to help adults age 60+ improve and maintain their health, manage their chronic diseases, prevent falls, engage in their communities, find encore careers and volunteer opportunities, and learn about available programs and services.

Mao Receives Fellowship Award

The Milstein Medical Asian American Partnership (MMAAP) Foundation has given its Fellowship Award to Genxiang Mao, MD, of the Zhejiang Provincial Key Lab of Geriatrics at Zhejiang Hospital, for a project titled “A New Strategy for Delaying Cellular Senescence: Modulating Mitochondrial Biogenesis.” The award provides support in the amount of $60,000, accompanied by a grant of $25,000 to a sponsoring U.S. institution. This award contributes to its mission to bring together leading research and medical talent and institutions from the U.S. and Asia. The fellowship award sponsors a Chinese physician/investigator in geriatrics for one-year training at a leading medical institution in the U.S. This year, Johns Hopkins University will act as both the sponsoring institution for the fellow and the partnering institution for the clinical project award. The university also gave a translational medicine project award, which funds a research project in China with potential for immediate implementation into geriatrics clinical practice and significant impact on senior health. The geriatrics awards are the first in a series of fellowships and project grants that the MMAAP Foundation will award in the coming months and years in five areas: senior healthcare, skin disease and melanoma, reproductive biology, blood research and medicine, and infectious disease/translational medicine.

Longo Earns Cristofalo Award

Valter D. Longo, PhD, who serves as the director of the Longevity Institute, a professor of gerontology and biological sciences, and the Edna Jones Chair of Biogerontology at the University of Southern California, has been named recipient of the Vincent Cristofalo Rising Star Award in Aging Research by the American Federation for Aging Research. This honorary scientific award is given annually to those in the aging research community who advances the understanding of the field of aging. Nominations are by invitation and are judged by an independent panel of aging researchers. The award is named in honor of the late Cristofalo, a former GSA president (in 1991) who dedicated his career to aging research and to encouraging young scientists to investigate important problems in the biology of aging. Longo is a biochemist and is interested in understanding the fundamental mechanisms of aging in yeast, mice and humans by using genetics and biochemistry techniques. He also researches the molecular pathways conserved from simple organisms to humans that can be modulated to protect against multiple stresses and treat or prevent cancer, Alzheimer’s disease and other diseases of aging.
Short-Term Commission Tackles Long-Term Care Crisis

“Summer time and the living is easy,” so we’ve been told. Well, whoever implied that summer is a time for relaxation certainly was never appointed to the federal Commission on Long-Term Care. The commission is supposed to present its findings and recommendations to Congress and the president by September, but it just had its first meeting on June 27: that’s three months to conduct hearings, sift through volumes of data, analyze policy options, calculate the costs and benefits of the most intractable health care delivery issue to plague our economy, oh, and surmount partisan gridlock and present a bipartisan framework that Congress can use to set right the floundering LTC ship.

Fortunately, this should not be a problem because the commission is chaired and staffed by formidably talented and experienced policy experts. Bruce Chernof, MD, president and CEO of the SCAN Foundation, is the committee chairman, and Mark Warshawsky, a former Treasury Department assistant secretary for economic policy and expert on retirement plans, is the vice-chair. The commission recently hired a staff director, preeminent health and aging policy expert G. Lawrence Atkins, PhD.

I worked with Atkins on the Senate Special Committee on Aging in the 1980s when he was the deputy staff director. He also staffed the Senate Finance Committee for Senator John Heinz and the National Commission on Social Security Reform (informally known as the Greenspan Commission). In these and other roles, Atkins has been pivotal in the development of several major laws, including the 1983 Social Security reforms, retirement income provisions of the 1986 Tax Reform Act, and the prescription drug benefit in the 1988 Medicare Catastrophic Coverage Act. His academic and professional expertise has made him a sought-after advisor for Fortune 500 companies, the Social Security Advisory Commissions of 1991 and 1995, Eastern European governments developing national health care policies, pharmaceutical companies, and national non-profits. He is the president of the National Academy of Social Insurance and has presented at GSA’s conferences many times.

As I reported in my column four months ago, the 15-member Commission on Long-Term Care is attempting to be bipartisan, with 9 Democratic appointments and 6 Republican appointments. One of the commissioners, Bruce Greenstein, was “quietly replaced” by Christopher Jacobs, who is a loquacious blogger, senior policy analyst at the Heritage Foundation, and a former congressional staffer. Jacobs recently argued that the 2010 Affordable Care Act “should be repealed and defunded.” Another commissioner, Julian Harris, MD, director of the Office of Medicaid in Massachusetts, was appointed by President Barack Obama but news leaks indicate that he has taken a new job that may represent a conflict of interest with the commission post. Harris’ bio does not appear on the commission website.

The commission is convening public hearings to gather information about the complex issue of long-term care. The commission values the research results of social scientists and researchers in the field as much as the analysis and recommendations of the usual suspects — stakeholders and representatives of advocacy organizations.

I encourage you to peruse the full testimonies, as well as the bios of the commissioners, at www.ltccommission.senate.gov. In addition, short policy positions may be submitted to the commission website (see box at right).

At the commission’s first public hearing on June 27, the expert witnesses presented data and analysis on “The Current System for Providing Long-Term Services and Supports.” A July 17 hearing focused on the “Population in Need of Long-Term Services and Supports and Service Delivery Issues.”

The first challenge the commission faces is to reach agreement on defining the long-term care problem and the range of possible solutions. Many feel success on that front would be a major step forward itself.

However, I agree with the experts featured in my column four months ago: “Defining the problem alone is not enough,” said Gail MacInnes of the Paraprofessional Healthcare Institute. Bob Blancato of Matz, Blancato, and Associates postulated, “Seeking common policy and political ground on the essentials of what should be in a national long-term care policy would be an important product.”

That said, the larger challenge is agreement on which solutions can be combined to create an integrated public/private system of long-term services and supports (LTSS) that is fair, cost-effective, and does not leave the middle class in poverty or without care.

A number of daunting obstacles have been highlighted by the expert witnesses so far. The population of Americans needing LTSS runs the gamut of age and condition, with the underlying factor being the inability to conduct, without assistance, the activities that are essential to everyday life. Slightly more than half of those using LTSS are over age 65, but 44 percent are younger than 65. Of this younger group, there are subgroups of intellectually and developmentally disabled (I/DD) children and adults, individuals

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with mental health disorders, and those with chronic medical
conditions (with overlap between the groups also).
Of the older Americans needing LTSS, most are widowed women
in their 80s. A significant subgroup is the growing number of people
with Alzheimer’s disease, a condition that requires an extensive and
intense set of services. These various populations require a myriad of
services (not all medical) provided through a variety of sources: home
and community-based services, skilled nursing facilities, nursing
homes, home health care, residential care, and institutional care.
Currently, LTSS is paid for using a combination of public
funding, through Medicare and Medicaid, private long-term care
insurance, and privately by individuals. Unfortunately, most of the
people using LTSS live in or near poverty. More than 30 percent of
children and more than 35 percent of working-age adults needing
LTSS live in poverty. Only a small minority use paid help.
We know that federal and state budgets are already unable to meet
the financial burden of the LTSS needs of our population. The
patchwork nature of the system leads to costly overlap, gaps,
efficiencies, and fraud. People suffer when care is disjointed or
unavailable. Care coordination models for providing LTSS need
more investigation. Randall Brown reported that research shows little
or no savings with care coordination in generalized settings, but that
evidence is favorable for high risk patients. The characteristics for
successful interventions for high risk patients include frequent face-
to-face contact, strong rapport with patient’s physicians, behavior
to change to help with medication adherence, support for transitioning
home, and having reliable information for prescriptions. The barriers
are lack of will and lack of information for providers.
We also know that because of the dearth of affordable long-term
care insurance and the limited Medicare benefit for long-term care,
older people must spend down most of their assets to qualify for
Medicaid. The cultural and social imperative to plan for long-term
care just does not exist.
The long-term care insurance industry is often portrayed as an
answer to this problem. However, the testimony about the private
long-term care industry by Marc Cohen reveals that the annual sales
of individual long-term care insurance policies have been declining
since 2002 and the number of companies involved in the long-term
care market has decreased. The policies have become more
comprehensive but more expensive, and younger, wealthier, and
employed people are the purchasers. Sales to low and middle income
people are declining. (The hearing scheduled for August 1 will
address long-term care insurance, Medicare, and Medicaid.)
Two areas of the greatest need in creating a viable LTSS system are also
the foundations of the system: caregivers and the direct care workforce.
As James Firman, EdD, the president and CEO of NCOA, stated in my
previous column, “Medicare and Medicaid are essentially medical
insurance programs, but the unmet need is for non-medical supports.”
And Joanne Lynn, MD, stated at the commission hearing, “In fact, we
begrudge providing social support services, leaving them as a set of
poverty programs that come and go, causing service gaps and frustration,
while we treat medical services as an open-ended entitlement.”
Experts have testified that caregivers need more support, guidance,
and recognition. From our work in the aging field, we know that
unpaid family caregivers deliver much of the care older people receive.
In the younger LTSS population, this is also the case. In 2011, 71.5
percent of individuals with I/DD lived with family caregivers, 16
percent alone or with a roommate, and 12.5 percent in a supervised
residential setting. One panelist pointed out that as caregivers age
beyond their abilities to care for loved ones, other supported living
arrangements must be established for those with I/DD.
Similarly, the direct care workforce is the paid backbone of the
LTSS system, yet it receives little recognition or support. Direct care
workers are paid near-poverty wages. Almost half of these workers
are on public assistance. At minimum, workforce standards, federal
training, and a living wage are necessary for them.
So far, the data presented paints a picture of a long-term care system
that is less a system than a jumble of programs and policies that are
pieced together differently by each state to help medically needy
individuals of all ages. The success is similar to that achieved by the
seasonal repaving of streets and re-patching of water mains of our
nation’s aging infrastructure: it works for a while, for some
people.Clearly there are many good programs out there, and many hard
working caregivers and physicians and bureaucrats, and well-meaning
policy makers. And, in many cases, we already know what works. As
Hyer and Polivka stated in their letter to the commission, we “need to
create a system of publicly funded services that tilts away from nursing
home care towards the home and community-based care that research
tells us older people prefer, and that we also now know how to provide
cost-effectively while ensuring quality in all sectors of long-term care.”
Unfortunately, it is nearly impossible for all of the states, agencies,
departments, and programs to work together and to communicate well
enough to deliver consistently a high standard of care for an acceptable
amount of money. Even with knowledgeable commissioners, a plethora
of data, expert witnesses, and a skilled staff, the federal Commission on
Long-Term Care will need a lot of luck, too.
Serving as a reviewer of manuscripts for a peer-reviewed journal sounds fun to many emerging scholars. But you might wonder how, as a budding professional, you could break into the business. Below is a description of the review process in general and opportunities to get involved through some GSA mechanisms.

The Review Process

Before an article is accepted by a journal for publication, it goes through a review process. The review can be a single-blind, double-blind, or an open peer-review. Reviewers for a single-blind journal know the authors’ identities, but the authors do not know the reviewers’ identities; both the reviewers’ and the authors’ identities are hidden for a double-blind journal review. During the open-peer review, the reviewers and authors are identified to one another. Upon submission of an article, the journal editor decides if the article is appropriate for the journal. If it is deemed appropriate, the journal editor assigns the peer reviewers (i.e., referees) who will assess the article’s content and contribution to the field; they will also make recommendations to the editor about whether or not the paper should be revised or accepted for publication.

The referees provide feedback that usually identifies scientific error, and evaluate the validity of the science, the design, the methodology, and the findings. Finally, reviewers also assess a manuscript for missing or inaccurate references. This review process may take a few weeks to a few months depending on the journal; the decision letter to the author may include feedback from each individual referee or may be provided as a group summary. Many times, the authors may need to revise and resubmit their manuscript before a final acceptance decision is made.

GSA Opportunities

GSAs editors are interested in supporting those new to the review process. Thus, several options exist for emerging students and professionals to get involved. These include opportunities for reviewing within GSA’s journals: The Gerontologist, The Journals of Gerontology, Series A: Biological Sciences and Medical Science, and The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences.

Mentored Reviewer: All three of these journals offer a mentored review process. It starts with a mentor who can then seek out a mentee for this partnership. We encourage you to let your mentor know about this option and to inform him/her of your interest in participating. Anytime an individual accepts a review request, the opportunity for such mentorship is available; the mentor just needs to designate this arrangement on the journal review form. Once invited, you would work in tandem with your mentor to review a manuscript at a mutually agreed upon level of involvement. The mentor then indicates your degree of participation on the review. For The Gerontologist, for example, that includes the following options: “[mentee] served mostly as an observer,” “[mentee] shared equally in formulating the review,” “[mentee] formulated most of the review,” or “other” with a space to write in a response. There is an additional avenue for identifying a mentor in order to take advantage of this mentoring option; you can directly e-mail an Editorial Board member of one of these three journals to express an interest.

Novice Reviewer: At this point, this option is unique to The Gerontologist. Novice reviewers serve as a third reviewer of peer-reviewed manuscripts in addition to the standard two reviewers. The process and the weight of consideration of your contribution would be identical to those of the two standard reviewers. You would be given two weeks to complete the review. Once you have reviewed two separate manuscripts, you could take on the role of a full-fledged reviewer and would no longer be considered a novice reviewer. To indicate your interest in participating, you can go to mc.manuscriptcentral.com/tg to establish a personal account; you are then asked to email the editorial office at tg@geron.org so that your account may be designated appropriately. You will also need to select key words to reflect your areas of expertise so that manuscripts may be assigned to you accordingly.

Benefits

A number of benefits await those who take advantage of these opportunities. They will serve your career development as a writer and a reviewer. Here are a few:

• You could become more familiar with the peer-review process;
• You could gain exposure to the types of articles that are submitted and accepted to a sample of gerontology journals;
• You could learn from the strengths and weaknesses of content and methodology from reviewing others’ professional work;
• You could gain more experience with the revision process of manuscripts;
• You could hone your editorial skills;
• You could learn from other reviewers/your mentor’s feedback to authors as a check on your own editorial work; and,
• You could learn how editorial decisions are made.

GSA provides additional ways to learn about the review process. There will be a Mentoring Consultancies for Emerging Scholars event at GSA’s 2013 Annual Meeting in New Orleans. While free, it requires pre-registration. (Notices will be sent when registration becomes available.) This focused mentoring event for students and junior faculty members will cover, as one subject area, the topic of manuscript reviewing skills. So, sign up and get out there with your red pen or your “track changes” function and edit (constructively) away! GSA is waiting for you.
GSA Honors Outstanding Individuals

Please join us in congratulating our awardees and fellows at the 66th Annual Scientific Meeting in New Orleans!

GSA salutes outstanding research, recognizes distinguished leadership in teaching and service, and fosters new ideas through a host of awards. The winners’ achievements serve as milestones in the history and development of gerontology.

Society-Wide Awards

**Donald P. Kent Award**
Presented to Richard M. Allman, MD
Birmingham/Atlanta VA Geriatric Research, Education, and Clinical Center, and the University of Alabama at Birmingham.
Presented at the President’s Plenary Session Thursday, November 21, 10 a.m.

**Robert W. Kleemeier Award**
Presented to Andrzej Bartke, PhD
Southern Illinois University School of Medicine
Presented at the President’s Plenary Session Thursday, November 21, 10 a.m.

**Maxwell A. Pollack Award for Productive Aging**
Presented to Nancy L. Wilson, MA, LMSW
Baylor College of Medicine
Presented at the Nursing Care of Older Adults Interest Group Meeting Friday, November 22, 5 p.m.

**M. Powell Lawton Award**
Presented to Patricia A. Parmelee, PhD
University of Alabama
Presented at the Nursing Care of Older Adults Interest Group Meeting Friday, November 22, 3 p.m.

**Margret M. & Paul B. Baltes Award**
Presented to Stuart W. S. MacDonald, PhD
University of Victoria
Presented at the Nursing Care of Older Adults Interest Group Meeting Thursday, November 21, 1:30 p.m.

**Doris Schwartz Gerontological Nursing Research Award**
Presented to and lecture by Eileen M. Sullivan-Marx, PhD, RN, FAAN
New York University College of Nursing
Presented at the Nursing Care of Older Adults Interest Group Meeting Thursday, November 21, 5:30 p.m.
awardees and fellows

Behavioral and Social Sciences

Distinguished Career Contribution to Gerontology Award
Presented to Neal M. Krause, PhD, The University of Michigan
Presented at the BSS Business Meeting and Award Presentation
Friday, November 22, 11:30 a.m.

Presented to Markus H. Schafer, PhD
University of Toronto

Richard M. Kalish Innovative Publication Award
Presented at the BSS Business Meeting and Award Presentation
Friday, November 22, 11:30 a.m.

Distinguished Mentorship in Gerontology Award
Presented to Deborah T. Gold, PhD, Duke University Medical Center
Presented at the BSS Business Meeting and Award Presentation
Friday, November 22, 11:30 a.m.

Presented to Kenneth F. Ferraro, PhD
Purdue University

Presented to Sarah A. Mustillo, PhD
Purdue University

Biological Sciences

Nathan Shock New Investigator Award
Presented to and lecture by Rozalyn M. Anderson, PhD, University of Wisconsin-Madison
Presented at the BS Business Meeting and Award Presentation
Friday, November 22, 11:30 a.m.

Joseph T. Freeman Award
Presented to Richard M. Allman, MD
Birmingham/Atlanta VA Geriatric Research, Education, and Clinical Center, and the University of Alabama at Birmingham
Saturday, November 23, 5 p.m.

Health Sciences

Excellence in Rehabilitation of Aging Persons Award
Presented to Jeffrey M. Hausdorff, PhD
Tel-Aviv Sourasky Medical Center, Tel-Aviv University, and Harvard Medical School
Saturday, November 23, 5 p.m.
awardees and fellows

Task Force on Minority Issues in Gerontology
Outstanding Mentorship Award
Presented to William E. Haley, PhD, University of South Florida
Thursday, November 21, 5:30 p.m.

Gene D. Cohen Research Award in Creativity and Aging
Presented to Nina Kraus, PhD, Northwestern University
Friday, November 22, 3 p.m.

Additional Awards
The following will be given at the Annual Scientific Meeting:

Society-Wide
Theoretical Developments in Social Gerontology Award
Senior Service America Senior Scholar Award for Research Related to Disadvantaged Older Adults
Senior Service America Junior Scholar Award for Research Related to Disadvantaged Older Adults

Biological Sciences Section
Austin Bloch Post-Doctoral Fellow Award
George Sacher Student Award

Behavioral & Social Sciences Section
Student Research Award: Dissertation Level
Student Research Award: Pre-Dissertation Level

Health Sciences Section
Austin Bloch Post-Doctoral Fellow Award
Person-In-Training Award
Research Award

Social Research, Policy, and Practice Section
Carroll L. Estes Senior Scholar Award
Elaine M. Brody Junior Scholar Award
Student Poster Award

Emerging Scholar and Professional Organization
Interdisciplinary Paper Award
Poster Award
Douglas Holmes Award for Quality of Life/Quality of Care
Task Force on Minority Issues in Gerontology Student Poster Award

Sponsors
GSA thanks the following award sponsors:

New York Community Trust (Pollack Award)
Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life (Lawton Award)
Margret M. & Paul B. Baltes Foundation (Baltes Award)
Baywood Publishing (Kalish Award)
American University (GSA Theoretical Developments in Social Gerontology Award)
National Center for Creative Aging (Gene D. Cohen Award)
Senior Service America, Inc. (Senior and Junior Scholar Awards; Task Force on Minority Issues in Gerontology Outstanding Mentorship Award)
RESQ CARE Interest Group (Douglas Holmes Award)

Please check the final program for all dates, times, and room location assignments for award events.
Distinguished Members Granted Fellow Status

GSA’s Executive Committee has approved the following individuals for fellow status within the Society. In addition to being honored at the Fellows and International Reception (Thursday, November 21, 6:30 p.m.) during the Annual Scientific Meeting, they will be presented with fellow certificates and pins at their respective section business meetings and award presentations. Fellow status is peer recognition for outstanding contributions to the field of gerontology and represents the highest class of membership. This distinction comes at varying points in a person’s career and is given for diverse activities that include research, teaching, administration, public services, practice, and notable participation in the Society.

**Behavioral and Social Sciences Section**
Kristine J. Ajrouch, PhD, Eastern Michigan University; Lisa C. Barry, PhD, MPH, Center on Aging, University of Connecticut Health Center; Kira S. Birditt, PhD, University of Michigan; Brian D. Carpenter, PhD, Washington University in St. Louis; Amy Fiske, PhD, CBSM, West Virginia University; Jenny de Jong Gierveld, PhD, Netherlands Interdisciplinary Demographic Institute, The Hague; John C. Henrietta, PhD, University of Florida; Pamela Herd, PhD, University of Wisconsin–Madison; Paul Frederick Desmond Higgs, PhD, University College London; Nancy A. Hodgson, PhD, RN, Johns Hopkins University School of Nursing; Jacquelyn B. James, PhD, Boston University; Constance Jones, PhD, California State University, Fresno; Rona J. Karasik, PhD, St. Cloud State University; Karen Kopera-Frye, PhD, University of Louisiana at Monroe; Julie L. Locher, PhD, MSPH, University of Alabama at Birmingham; Maria C. Norton, PhD, Utah State University; Chandra A. Reynolds, PhD, University of California Riverside; Julian Montoro Rodriguez, PhD, California State University, San Bernadino; Jyoti “Tina” Savla, PhD, MS, Virginia Polytechnic Institute and State University; John G. Schumacher, PhD, University of Maryland, Baltimore County; Julie Loebach Wetherell, PhD, VA San Diego Healthcare System and University of California, San Diego

**Health Sciences Section**
Soham Al Snih, MD, PhD, The University of Texas Medical Branch Health; Anna Song Beeber, PhD, RN, The University of North Carolina at Chapel Hill; Marie Boltz, PhD, CRNP, New York University College of Nursing; Corjena Cheung, PhD, RN, University of Minnesota; Barbara B. Cochrane, PhD, RN, FAAN, University of Washington; Luigi Ferrucci, MD, PhD, National Institute on Aging; Lisi Hansen, PhD, RN, Oregon Health & Science University; Mary Elizabeth Happ, PhD, RN, FAAN, The Ohio State University; Susan E. Hardy, MD, PhD, Summit Eldercare; Patricia A. Higgins, RN, PhD, Case Western Reserve University; Denise K. Houston, PhD, RD, Wake Forest School of Medicine; Sharon K. Inouye, MD, MPH, Harvard Medical School and Institute for Aging Research, Hebrew SeniorLife; Douglas P. Kiel, MD, MPH, Harvard Medical School and Institute for Aging Research, Hebrew SeniorLife; Nancy Latham, PT, PhD, Boston University School of Public Health; Susan J. Loeb, PhD, RN, FAAN, The Pennsylvania State School of Nursing; Kathleen Kline Mangione, PT, PhD, Arcadia University; Ginette A. Pepper, PhD, RN, FAAN, University of Utah; Eileen M. Sullivan-Marx, PhD, RN, FAAN, New York University College of Nursing

**Social Research, Policy, and Practice Section**
Mary Altpeter, PhD, MSW, MPA, The University of North Carolina at Chapel Hill; Sally Bould, PhD, University of Delaware, University of Massachusetts, Boston; Banghw Ha Lee Casado, PhD, MSW, University of Maryland School of Social Work; Lois J. Cutler, PhD, MS, BS, University of Minnesota; Howard B. Degenholtz, PhD, University of Pittsburgh; Colleen M. Galambos, PhD ACSW, LCSW-C, LCSW, University of Missouri; Anne P. Glass, PhD, MS, University of Georgia; Lydia W. Li, MSW, PhD, University of Michigan; Pamela Nadash, BPhil, PhD, University of Massachusetts Boston; Holly Nelson-Becker, PhD, LCSW, Loyola University Chicago; Sara Sanders, PhD, MSW, University of Iowa School of Social Work; Tracy A. Schroepfer, PhD, MSW, MA, University of Wisconsin–Madison; Fengyan Tang, PhD, University of Pittsburgh

If you are interested in learning more about GSA awards and fellowship, please visit www.geron.org/Membership.
new resources

FCA Releases New Consumer-Friendly Publications on Critical Caregiving Issues
The Family Caregiver Alliance’s (FCA) National Center on Caregiving has released new and updated fact sheets to help families make the complicated personal, legal and financial decisions that accompany caring for an adult with a debilitating health condition such as Alzheimer’s disease, stroke, or brain trauma. The fact sheets offer information on long-term caregiving, which is a complex subject that impacts public policy at all levels. FCA publications are used by social workers, healthcare organizations, service providers, researchers, academics, reporters, and legislative staffs, along with tens of thousands of caregivers each year. These new and updated publications join a comprehensive library of more than 65 fact sheets on a wide range of topics relating to family caregiving. All are available free at www.caregiver.org. Many are offered in multiple languages.

HPPAE Launches Newsletter
The Hartford Partnership Program for Aging Education (HPPAE) is a national initiative that recruits and trains social workers who specialize in aging by transforming how geriatric education is taught at Master of Social Work programs nationwide. A new HPPAE Happenings newsletter, a publication produced by the HPPAE, specializes in aging by transforming how geriatric education is taught at Master of Social Work programs nationwide. A new HPPAE Happenings newsletter, a publication produced by the HPPAE

Continued from page 1 - GSA Takes Co-Sponsoring Role for NIH Geroscience Summit

The summit’s objectives are to use the foundational concepts of geroscience to understand basic cellular and molecular underpinnings of aging as a principal risk factor for a variety of chronic diseases; to explore common mechanisms governing relationships between aging and chronic diseases; and to identify new pathways for research collaboration. Participation in the summit is free, but pre-registration is required by September 5. The full agenda and registration details are available at www.geron.org/geroscience.

At press time, 10 organizations have agreed to provide support for the summit, including the American Federation for Aging Research, the American Geriatrics Society, Battelle, The Ellison Medical Foundation, the Foundation for the National Institutes of Health, the Glenn Foundation for Medical Research, MedImmune, Sanofi, the Sens Research Foundation, and the USAgainstAlzheimer’s Network.

Sierra, who serves as the director of the Division of Aging Biology at the National Institute on Aging (NIA), earned the NIH Director’s Award in 2012 for the creation, organization, and leadership of the GSIG. It is now among the largest trans-NIH interest groups and focuses on the relationships between aging and age-related disease and disability.

“Many of the diseases that affect our population are addressed by the 27 different institutes and centers that form the NIH,” Sierra said, “and there are many specific issues about each disease that each institute is focused on, but there is also a common element: aging is a major risk factor or modifier of most of those diseases.”

Geroscience — a term coined by former GSA Biological Sciences Section Chair Gordon Lithgow, PhD — coalesced as a distinct area of study several years ago as the result of a $25 million NIH Roadmap Grant to the Buck Institute for Research on Aging. There, Lithgow serves as principal investigator and director of the Interdisciplinary Research Consortium on Geroscience.

“Geroscience, like GSA, is interdisciplinary; the summit is an excellent way to get people, who would normally never meet, in the same room thinking about the same issues,” said Lithgow, a featured speaker on the summit’s agenda. “With aging being the largest risk factor for all the major chronic diseases, we all need to think about causal role aging is playing.”

He added that the summit has the potential to be very important for GSA and everyone interested in aging research.

“We are trying to transform the way NIH thinks about aging and how it funds research on aging and disease,” Lithgow said.

Following the October summit, the conversation on geroscience will continue a few weeks later at an NIA-sponsored symposium at GSA’s Annual Scientific Meeting in New Orleans. “Geroscience — Aging Biology as the Common Risk Factor for Chronic Diseases” will be chaired by Sierra and feature presentations by Lithgow, current Biological Sciences Section Chair James Kirkland, MD, PhD, and GSA Fellows Richard Miller, MD, PhD, and S. Jay Olshanksy, PhD.
Summit Marks EU’s Commitment to Building Age-Friendly Europe by 2020

The recent European Union (EU) Summit on Active and Healthy Aging held in Dublin, Ireland, tackled the challenge of population aging, one of the most pressing issues facing Europe and the world. As Europe’s aging population has already begun to experience health, economic and fiscal strife, this unique Summit sought to implement solutions that turn this challenge into an opportunity. The majority of children born in Europe today will live to be at least 100 years old, according to the Global Coalition on Aging. It was reported that unless early action is taken, this rapidly increasing number of older people, exacerbated by plummeting birth rates, will be a huge burden on European finances. By bringing together global policymakers, business leaders, academics, economic experts and NGOs the Summit could explore ways to add extra healthy years to people’s lives, ensuring that older people will be able to remain active and productive in society and in the workforce. The 2013 Dublin Declaration on Age Friendly Cities and Communities was signed at this summit and will establish Europe-wide commitment to the age-friendly movement. The summit explored aging through a life course approach to staying active and healthy, from rethinking planning for retirement to promoting the prevention of debilitating age-related skin conditions, and from reinventing the traditional view of senior care to investing in programs to fight the scourge of Alzheimer’s disease. The event was hosted by the Global Coalition on Aging, in partnership with Ireland’s Ageing Well Network and with the support of the European Innovation Partnership. It was an official event of Ireland’s EU Presidency. For further information, see www.ahaconference2013.ie.

Australia’s Seniors Facing Drug Problems

According to an article published June 19 in The West Australian, the baby boom population in Australia is increasing the demand for drug-related support services. The proportion of those over 50 years of age who seek help for opioid drugs (including heroin) has doubled in the last 15 years. This population comprises nearly one-fifth of those in Australia who receive pharmacotherapy, such as methadone. Contrary to this growth, the proportion of those seeking drug rehabilitation who are under the age of 30 has shrunk over the past six years. According to this article, an Australian Institute of Health and Welfare report found that 38 was the average age of West Australians seeking treatment for dependence on heroin, morphine, or codeine on an average day in June 2012.
NIH Will Support Person-Centered Care Research Resource

The National Institutes of Health (NIH) has issued a funding opportunity announcement to support the creation of a research resource infrastructure for the administration of research investigations using person-centered health outcomes, further referred to as the Person-Centered Outcomes Research Resource (PCorr). The overarching goal for the PCorr will be to facilitate person-centered outcome research by supporting the use and enhancements of the following four measurement information systems, currently funded as separate NIH programs: the Patient Reported Outcomes Measurement Information System® (PROMIS®: www.nihpromis.org); the NIH Toolbox for Assessment of Neurological and Behavioral Function (NIH Toolbox: www.nihtoolbox.org); the Quality of Life Outcomes in Neurological Disorders (Neuro-QOL: www.neuroqol.org); and the Adult Sickle Cell Quality of Life Measurement Information System (ASCQ-Me: www.air.org/files/4_pager_AIR_Health_Policpt_2011_V10F.pdf). The NIH plans to support the PCorr only for a limited time to facilitate its transition to sustainability. Therefore, the proposed integrated and centralized resource be designed and operated in a way that will facilitate and enable its sustainable functioning in the near future. Accordingly, PCorr applicants are expected to have appropriate psychometric, statistical, informatics, and software/hardware expertise and capabilities compatible with the relevant measurement information systems. Previous involvement in PROMIS, NIH Toolbox, Neuro-QOL, and ASCQ-Me may be advantageous but is not required, and this opportunity is open to all qualified applicants. Applications are due September 26. See grants.nih.gov/grants/guide/rfa-files/RFA-CA-13-008.html for further details.

AHRQ Grants Focus on Improving Health Care Delivery Quality

The Agency for Healthcare Research and Quality (AHRQ) has issued a funding opportunity announcement for a request for proposals regarding the dissemination and implementations of existing evidence for improving the quality of health care delivery. Applicants are required to demonstrate the ability and commitment to leverage the capacities of existing broad-based networks of providers and other key stakeholders in their dissemination and implementation activities. Since the 2009 American Recovery and Reinvestment Act, the scope of Comparative Effectiveness Research (CER) has expanded from its earlier focus on identifying improvements in clinical treatments to include improvements in care delivery. Past AHRQ-supported delivery system improvement activities have revealed unique challenges associated with actual implementation of evidence in this domain. Spread of evidence to support change in care delivery requires coordination, buy-in and active participation by diverse providers across multiple settings of care, collaboration with other key stakeholders (including payers and consumers) who are instrumental in shaping care delivery, and adaptation of interventions to local conditions. In recognition of these well-documented challenges and needs, this funding opportunity requires that applicants represent existing networks of providers and other stakeholders that have the knowledge, on-going relationships, expertise, infrastructures, past experience and understanding of local needs and constraints to maximize buy-in, collaboration, and appropriate adaptation to local conditions. Applications must be submitted by September 27. For further details, see grants.nih.gov/grants/guide/rfa-files/RFA-HS-14-003.html.

New Foundation Partnership to Address Alzheimer's Disease

The Alzheimer's Drug Discovery Foundation (ADDF) and the Robert A. and Renée E. Belfer Family Foundation have established The ADDF/Belfer ApoE Therapeutics Innovation Program to accelerate the development of novel therapeutics specifically designed to target ApoE pathological mechanisms. This program will allow the ADDF to substantially build on its strategic investment in ApoE drug discovery and development and will support both preclinical and clinical stage programs. Applications may be submitted by non-profit academic institutions and for-profit biotechnology companies, both public and private, worldwide. Funding to biotechnology companies is typically made as a program related investment. The ADDF will provide one or two years' funding for up to $300,000 per application for pre-clinical programs, and up to $1,000,000 per application for clinical trials of novel agents such as phase 1b or 2a studies employing biomarkers as outcome measures. All applications must be submitted electronically at www.alzdiscovery.org. The remaining two applications dates of 2013 are September 5 and December 5. Letters of intent are due two weeks prior to the deadline. Visit www.alzdiscovery.org/assets/content/static/2013_ApoE_RFP_FINAL.pdf for more information.

A Place for Mom Launches Annual College Scholarship

A Place for Mom, the nation’s largest senior living referral service, has announced the launch of its first scholarship to aid in the training and education of future senior living industry leaders in the area of gerontology. According to the U.S. Administration on Aging, nearly a quarter of Americans will be age 65 or older by 2050, creating a substantial need for qualified workers in this sector. The scholarship is open to anyone who is currently pursuing an associate’s or bachelor’s degree, or graduate-level studies in the fields of gerontology, medicine, nursing, or sociology. Applicants will be asked to submit a letter of introduction with work history, their reasons for seeking a degree, and why they believe they are a good candidate for the scholarship. Additionally, applicants will be asked to submit an essay on the challenges Americans will face as more and more people age. In recognition of their work and commitment to the field, five winners will each receive $1,000 toward their studies. Winners will be selected and announced on September 13. For more information, visit the A Place for Mom blog at www.aplaceformom.com/scholarship.
The University of Maryland School of Medicine seeks a full-time faculty member at the Associate or Full Professor rank to be the inaugural Director of the Program for Aging, Trauma, and Emergency Care (PATEC). The Director will draw on outstanding campus resources to create an interdisciplinary translational research center of excellence dedicated to ground-breaking research to improve older adults’ trauma and emergency care outcomes.

The successful candidate for the position should have a PhD and/or MD degree with substantial experience conducting interdisciplinary research, a solid record of extramural research funding, and demonstrated leadership capabilities. Candidates from all disciplines are welcome to apply.

Compensation and support will be competitive. Applications of a cover letter, CV and the names of three references should be submitted to lklein@epi.umaryland.edu. Confidential correspondence related to this position may be directed to Jay Magaziner, Ph.D., M.S. Hyg., chair of the search committee at 410-706-2406 or jmagazin@epi.umaryland.edu. A full job description can be found at http://medschool.umaryland.edu/epidemiology/PATEC.asp

The University of Maryland, Baltimore is an Equal Opportunity, Affirmative Action Employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply.

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Perri Chinalai, Senior Coordinator, StoryCorps® Legacy

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- An Experience Based Workshop for Life Review Facilitators: Strategies, Skills and
  Cautions by Marvin Westwood, PhD & Marla Buchanan, PhD

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VA, University of Minnesota School of Nursing Partner to Prepare Nurses

This fall, the University of Minnesota School of Nursing will admit its largest class of undergraduate nursing students in history, with 148 sophomores entering the bachelor’s degree program — 20 more than in any previous year. This expansion is possible due to a $5.3 million competitive award from the U.S. Department of Veterans Affairs to the Minneapolis Veterans Administration (VA) Health Care System. The grant enables the VA and the University of Minnesota to partner on preparing bachelor’s degree nurses for the workforce who can provide high quality, coordinated care to America’s veterans. Students who choose to participate in the VA Nurse Academic Partnership will spend much of the last two years of their four-year bachelor’s degree program in clinical service and study at the Minneapolis VA. Students will have unique opportunities to participate in interprofessional healthcare teams in the care of veterans. They will be exposed to the wide range of services offered to veterans and gain an understanding of unique veteran health care needs. The Minnesota VA offers learning opportunities in multiple trauma, long-term rehabilitation, home health, telemetry, spinal cord injury, psychiatric mental health, and chronic pain treatment. Funding will be used to support 10 additional faculty members who will be fully devoted to the education of these students and engaged both at the University of Minnesota School of Nursing and the Minneapolis VA.

Center on Aging Opens in San Bernardino

California State University, San Bernardino (CSUSB) has established a Center on Aging, a university-wide, interdisciplinary unit sponsored by the College of Social and Behavioral Sciences and the Department of Sociology. The center is directed by Julian Montoro-Rodriguez, PhD, and GSA Fellow Dale Lund, PhD, and its main goal is to unite people and resources to respond to the needs of a rapidly aging population in southern California. CSUSB also offers an undergraduate certificate in gerontology. For more details, visit centeronaging.csusb.edu. The center also is sponsoring a collaborative Healthy Living, Healthy Aging Conference from November 14 to 15. This event will bring together multiple stakeholders across the San Bernardino and Riverside counties in order to promote healthy living and aging through preventive health programs, reduction of disparities in education and access, and creation of healthy community initiatives for sustainable healthy aging. More information is available at www.healthyagingconference.org.

Continued from page 1 - Seoul Meeting Puts IAGG Planning in Full Swing; 2017 Site Now Live

representing tremendous networking and collaboration opportunities for GSA members who choose to attend these conferences.

Former GSA President John W. Rowe, MD, who will serve as president of the 2017 World Congress, said strong attendance at the Seoul meeting demonstrated that the international community is eager to tackle aging issues together.

“GSA has put together an amazing team that has already shown creative vision in actively planning the next meeting,” Rowe said. “Our progress to date is the result of very innovative thinking about how we can facilitate global cooperation and problem solving.”

Joining Rowe in the IAGG World Congress Secretariat are former GSA President Toni Anonucci, PhD, who will serve as secretary general/vice president, and former GSA Secretary Jacqueline Angel, PhD, who will be treasurer. After the 2017 World Congress concludes, the three will assume the same respective roles on the Executive Committee of the IAGG Council for the subsequent four years.

Former GSA President Terrie Weten, PhD, and GSA Fellow Jeffrey Halter, MD, have been selected as the 2017 scientific program co-chairs, and were part of the GSA contingent in Seoul. Current GSA President Laurence Rubenstein, MD, also attended and was accompanied by a group of staffers from GSA’s headquarters in Washington, DC.

Approximately 4,200 people from 86 countries made their way to the 2013 World Congress. GSA was represented in the Exhibit Hall with a booth focused on the Society, its membership, its journals, and its 2013 Annual Scientific Meeting in New Orleans; another booth was devoted to the 2017 World Congress. Eighteen GSA member ambassadors served as volunteers to help staff the exhibit booths over four days.

While in Seoul, Rowe gave a presentation to the IAGG Council about 2017 World Congress planning activities to date; Antonucci addressed the closing plenary session to share information about GSA and promote interest in the 2017 meeting.

GSA members also were well-represented on the Seoul conference program. Rachel Pruchno, editor of The Gerontologist, organized a “How to Publish in GSA Journals” symposium based on the popular pre-conference workshop held at GSA’s Annual Scientific Meeting. The session was presented by Bob Knight, PhD, editor of The Journal of Gerontology: Psychological Sciences, Steven Kritchevsky, PhD, editor of The Journal of Gerontology: Medical Sciences, and Merril Silverstein, PhD, editor of The Journal of Gerontology: Social Sciences.

Three of the meeting’s eight keynote lectures were given by GSA members — Brian Kennedy, PhD, Alan Walker, PhD, and GSA Fellow Karen Roberto, PhD. And Isabella Aboderin, PhD, Sung Jae Choi, PhD, Antoni Salva, MD, and GSA Fellow John Morley, MD, were among the 10 recipients of the IAGG Presidential Award in Seoul.

Additionally, GSA Executive Director James Appleby, RPh, MPH, moderated a symposium titled “International Perspectives on the Measurement of Health,” which explored the challenges the world will face in 2030 as a result of changing population demographics. This session was organized by and presented with Halter, GSA Fellows Marie Bernard, MD, and James Jackson, PhD, and Hiroko Akiyama, PhD.

Appleby offers more insight on the significance of the 2017 World Congress for GSA members in his monthly column on page 2 of this newsletter.
Optimal Aging Through Research


Register by Sept. 12 and save at geron.org/2013