

# Symposium on Healthy Aging

October 20, 2022 | Chicago Theological Seminary



## Schedule of Events

Time	Session Description
9:00 – 10:00 am	<b>Breakfast &amp; Optional Personal Health Assessments</b>
10:00 – 10:25 am	<b>Welcome &amp; Opening Remarks</b>  <i>Linda Waite, PhD</i> <i>Cheryl Simmons, PhD</i> <i>Maurine Kornfeld, AB, AM</i>  Welcome to the Symposium! Today's event will highlight cutting-edge research from doctors, doctor-researchers, and social and behavioral sciences researchers about healthy aging. This event is made possible by generous support from University of Chicago alumna Maurine Kornfeld.
10:25 – 11:25 am	<b>First Keynote Address</b>  <i>William Dale, MD, PhD: <b>What is Health?</b></i>  Health is more than the mere "absence of disease." It is instead "a state of complete physical, mental and social well-being" and implies a humanistic model of health—a wholistic perspective that includes all aspects of health. However, our health care system is heavily based on another model of health: the medical model. This model focuses intensely on cellular and physical changes in the body. This model is scientific. But is it humanistic? In this keynote, Dr. Dale will explore the science and implications of choosing between the two models of health.
11:25 – 11:35 am	<b>Morning Coffee/Tea Break</b>

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11:35 – 12:40 pm

### Symposium 1: Olfaction, Diabetes, and Medications

*Moderator: Colm O'Muircheartaigh, PhD*

**Jayant M. Pinto, MD: Sense of Smell**

The sense of smell is an ancient part of the nervous system but remains the sensory modality we understand the least. Dr. Pinto will discuss what we have learned about how olfaction affects health and function across a wide range of contexts and domains.

**Elbert Huang, MD: Diabetes**

Dr. Huang will discuss how to prevent and manage diabetes in older adults in 2022, with the emphasis on: 1) individualization of glycemic goals, 2) the role of patient treatment preferences, 3) the clinical importance of hypoglycemia, and 4) management of geriatric conditions.

**Dima Mazen Qato, PharmD, PhD, MPH: Medications**

Dr. Qato will speak about the impact of polypharmacy on healthy aging, including the problems of drug-drug interactions, adverse drug effects and the potentially unsafe use of over-the-counter medications and dietary supplements.

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12:40 – 1:25 pm

### Lunch & Optional Personal Health Assessments

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1:25 – 2:25 pm

### Second Keynote Address

**Patricia Boyle, PhD: Healthy Cognitive Aging**

A growing body of scientific research suggests that many steps are linked to cognitive health. Small changes may really add up: Research shows that a combination of healthy lifestyle behaviors may also reduce the risk for Alzheimer's disease. In this keynote, Dr. Boyle will discuss how making these behaviors a part of your routine could help you function better.

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2:25 – 2:40 pm

### Afternoon Coffee/Tea Break

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2:40 – 3:40 pm

## Symposium 2: Exercise, Mobility, and Social Contact

Moderator: *Phil Schumm, MA*

### *Cheryl Simmons, PhD: **Group Exercise***

Dr. Simmons will discuss motivation as it relates to group exercise, discussing the advantages and benefits of group exercise, but also comparing group exercise to individual exercising. She will also discuss the community that forms around exercise and how to get started with—and stick with—exercise.

### *Megan Huisingh-Scheetz, MD, MPH: **Frailty***

Dr. Huisingh-Scheetz will discuss the use of technology to enhance the assessment and management of frailty among older adults. Specifically, she will share how data from accelerometers—wrist-worn devices that measure movement and physical activity—are related to physical function, health, social engagement, and cognition in older adults.

### *Markus Schafer, PhD: **Social Contact***

Dr. Schafer will discuss how older adults' long-term patterns of social connection (and disconnection) before the pandemic relate to their pandemic-era social contact with family and friends—including both in-person and remote contacts.

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3:40 – 3:55

## Afternoon Coffee/Tea Break

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3:55 – 4:40 pm

### Symposium 3: Cultural Differences

*Moderator: James Iveniuk, PhD*

***Jocelyn Wilder, MPH: Race***

Racial disparities in health are well-established; however, race is an imperfect measure of a person's experiences with structural social determinants of health (SDOH). Ms. Wilder will discuss how SDOH may differentially affect aging in populations racialized as non-White. She will also explore how data on aging may be inadequate for capturing racialized experiences that contribute to disparities in health equity.

***Lissette M. Piedra, PhD: Ethnicity and Language***

While culture and language shape conceptions of health and aging, we are also heavily influenced by our context. Dr. Piedra will discuss evidence from the National Social Life, Health, and Aging Project and the Positive Aging for Latinos Study that indicate important similarities across ethnic groups. She will also show how language can serve as a unique barrier to healthy aging for people with limited English proficiency and for researchers attempting to develop adequate cognitive and physical health measures.

***Michelle M. Johns, PhD, MPH: Sexual Minorities***

Dr. Johns will outline the unique health needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults and the current gaps in research for this population. She will discuss the Sampling Strategies and Measure Development for the LGBT Aging Project (SAMLAP) and how it begins to address some of these research needs.

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4:40 – 4:55 pm

### Closing Remarks

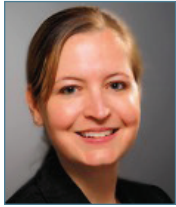
*Linda Waite, PhD*

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4:55 – 6:00 pm

### Reception

## Speaker Biographies



**Patricia Boyle, PhD** is a Professor of Psychiatry and Behavioral Sciences and Neuropsychologist with the Rush Alzheimer's Disease Center at Rush Medical Center in Chicago, IL. Dr. Boyle received her PhD from the University of Massachusetts at Amherst and completed her internship and postdoctoral fellowship at Brown University in Providence, RI. Her research focuses on the prevention of cognitive and functional decline in old age. Her studies examine age-related changes in cognition, financial and health decision making, and psychological well-being, with an emphasis on factors that protect against cognitive and functional decline. Dr. Boyle's research has been funded by the National Institute on Aging for more than two decades and she has more than 220 peer-reviewed publications. Boyle also directs Research Education at the Rush Alzheimer's Disease Center and serves on national advisory committees on aging and Alzheimer's disease.



**William Dale, MD, PhD** is a geriatrician, supportive care physician, and health services researcher is devoted to improving the well-being of older adults, especially those with serious illness. He serves as the Arthur M. Coppola Family Chair in the Department of Supportive Care Medicine and as Director of the Center for Cancer and Aging at City of Hope National Medical Center. The Department is a uniquely integrated multidisciplinary department committed to providing comprehensive care that is compassionate and evidence-based for patients across the lifespan. Dr. Dale co-leads the Cancer & Aging Research Group. He is a Senior Research Fellow for NORC at the University of Chicago. Dr. Dale's research focuses on cancer and aging, supportive care, medical decision making, and quality of life assessment in older adults. His research has advanced care management, shared decision making, and care models for vulnerable older adults.



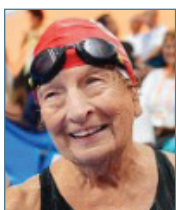
**Megan Huisingh-Scheetz, MD, MPH**, is a geriatrician and clinician investigator who specializes in the evaluation and care of frail older adults. Her research focuses on understanding how objectively measured activity and sedentary behavior patterns, resting metabolic rate, and body composition relate to frailty progression and frailty-related outcomes. Through her work, she assesses activity patterns as markers of frailty to inform frailty activity interventions using the National Social Life, Health and Aging Project dataset, the National Health and Nutrition Examination Survey dataset, and local data. Dr. Huisingh-Scheetz also developed and is studying the impact of EngAGE—a technology-based tool utilizing a voice assistant to deliver exercise programming to older adults in their home to reduce frailty. Dr. Huisingh-Scheetz helped establish and now co-directs a novel frailty evaluation clinic: the Successful Aging and Frailty Evaluation™ (SAFE) clinic.



**Elbert Huang, MD** is Professor of Medicine and Public Health Sciences and Director of the Center for Chronic Disease Research and Policy at the University of Chicago. Dr. Huang is a practicing primary care doctor who studies clinical and health care policy issues at the intersection of diabetes, aging, and health economics. His research has provided the theoretical and evidence-based foundation for personalizing diabetes care goals as well as the contemporary natural history of the disease in older people. Dr. Huang's research has directly influenced modern diabetes care clinical practice guidelines for older people that now emphasize: 1) individualization of glycemic goals, 2) the role of patient treatment preferences, 3) the clinical importance of hypoglycemia, and 4) management of geriatric conditions. He is an expert in the use of computer simulation models of chronic diseases. Dr. Huang co-directs the Chicago Chronic Condition Equity Network.



**Michelle M. Johns, PhD, MPH** is a Senior Research Scientist at NORC at University of Chicago. Her research focuses on how stigma and resilience shape the lives of LGBTQ+ communities. Dr. Johns employs qualitative and quantitative methodologies to assess critical questions about LGBTQ+ identities and experiences of minority stress, violence victimization, mental health, and other behavioral health outcomes over the life course. Dr. Johns has worked in multiple institutional settings and across sectors, including the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health, the Center for Sexuality and Health Disparities at the University of Michigan, and Howard Brown Health Center—a non-profit health organization serving Chicago's LGBTQ+ community. Dr. Johns holds an MPH and PhD in Health Behavior and Health Education and a Certificate in Women's Studies from the University of Michigan.



**Maurine Kornfeld, AB, AM** is an alumna of the University of Chicago and decorated swimming champion. She started competing in 1987 at age 65, going on to set her first world record at age 90. Ms. Kornfeld has won more than a dozen gold medals in world championships and was inducted into the International Masters Swimming Hall of Fame in 2018. "Mighty Mo" celebrated her 100th birthday last year by swimming at the Rose Bowl Aquatics center in Pasadena, California. Although her favorite event is the 200-meter backstroke, she also cherishes the social connections she has with her swim pals.



**Lissette M. Piedra, PhD** is Associate Professor of Social Work with affiliated appointments in Latino/Latina Studies and the Women and Gender in Global Perspectives Program at the University of Illinois Urbana Champaign. Dr. Piedra's research combines community-based and population-based studies to address questions that are vital to the health and wellbeing of aging Latinos across disciplinary boundaries. She has written extensively on the ways in which language and culture affect service access for Latinos, particularly its aging population, with a goal of improving the lives of community members. Dr. Piedra's work has been supported by Mather LifeWays and the National Institute on Aging. Her work has appeared in *The Gerontologist*, *Journal of Applied Gerontology*, *Journal of the American Heart Association*, and *BMC Public Health*. Currently, Dr. Piedra is Co-Editor and Book Reviews Editor of *Qualitative Social Work*. She is also an Illinois Public Voices Fellow for the Op-ed Project.



**Jayant M. Pinto, MD** completed medical school at Stanford and residency training in Otolaryngology-Head and Neck Surgery and a fellowship in Rhinology at the University of Chicago. There, he is now Professor of Surgery and directs the clinical program in Rhinology as well as the research of the Section of Otolaryngology-Head and Neck Surgery. Dr. Pinto's research focuses on identifying risk factors for and consequences of age-related neurosensory disorders in humans, understanding their underlying mechanisms, and testing clinical interventions. He co-leads the Air Pollution & Alzheimer's Dementia: Neuropathologic & Olfactory Mechanisms in Multi-Ethnic Longitudinal Cohorts study, which examines the effects of particulate matter air pollution exposure on olfaction and cognition. He is an expert on human olfaction and aging, including demographic, clinical, genetic and environmental determinants and relationships with neurodegenerative disease and other health outcomes.



**Dima Mazen Qato, PharmD, PhD, MPH** serves as the Hygeia Centennial Chair and Associate Professor (with tenure) and Director of the Program of Medicines and Public Health at the University of Southern California (USC) School of Pharmacy and is a Senior Fellow with the USC Leonard D. Schaeffer Center for Health Policy and Economics. Dr. Qato received her PharmD from UIC, an MPH from the Johns Hopkins School of Public Health, and a PhD in Public Health from the University of Illinois School of Public Health. Dr. Qato's research focuses on polypharmacy, access to medicines, and pharmaceutical policy and seeks to better understand why medications are used (or not used); how they can and should be used in the population to promote equity, longevity and good health; and what can be done at the community and policy levels to address these growing public health problems.



**Markus Schafer, PhD** is an Associate Professor of Sociology at Baylor University and at the University of Toronto, where he is faculty affiliate at the Institute for Life Course and Aging. Dr. Schafer currently serves as Associate Editor of Journal of Gerontology: Social Sciences. His research lies mainly in the area of health and aging. Some of his research examines social networks and health among older adults and the life course implications of childhood adversity. In recent years, he has also begun to assess links between religiosity and health in later life and the social context of these associations. Dr. Schafer earned his PhD in Sociology at Purdue University.



**Cheryl Simmons, PhD** holds a master's degree in Exercise Science and a PhD in Sport Psychology. She is a certified Exercise Physiologist with the American College of Sports Medicine and has been teaching Kinesiology courses at California State University, Los Angeles for 21 years. She currently teaches upper division and graduate students in the areas of exercise psychology as well as the physiology of exercise and aging. She particularly enjoys training her college students to be exercise leaders in senior fitness. Dr. Simmons is also a nationally ranked master's swimmer and genuinely loves to encourage others in their quest for improved wellness.





**Linda Waite, PhD** is the George Herbert Mead Distinguished Service Professor of Sociology at the University of Chicago and Senior Fellow at NORC at the University of Chicago. She is Principal Investigator of the National Social Life, Health and Aging Project, which collects survey data on older adults' intimate and social relationships and developed methods for the collection of biomarkers such as blood spots and saliva during in-home interviews. Dr. Waite's research has demonstrated that key role of sexuality for physical and emotional well-being for older adults, and its close connection with the dynamics of social relationships and health in later life. Dr. Waite received the Matilda White Riley Award from the NIH Office of Behavioral and Social Research and, separately, received the Matilda White Riley Award for career achievement from the Section on Aging and the Life Course of the American Sociological Association.



**Jocelyn Wilder, MPH** is a Senior Research Scientist at NORC at the University of Chicago. Her background is in epidemiology with a focus in social epidemiology. Her research interests include the effects of structural racism and place on health throughout the life course—extending to the examination of the racialization of space through de jure and de facto policies and behavior (individual and societal). She has worked with the United Auto Workers Retiree Medical Benefits Trust, Michigan Public School Employees' Retirement System, and Blue Cross Blue Shield Medicare Advantage programs examining the association between social determinants of health and disease prevalence and access to services. Ms. Wilder's work contributes to the National Social Life, Health, and Aging Project development of structural racism measures and the examination of racial/ethnic disparities and the effects of polypharmacy on health.



## Descriptions of Personal Health Assessments (Optional)

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### Smell (Olfaction)

#### **What is it?**

Olfaction, or your sense of smell, may not initially seem like an important indicator of health. But your sense of smell is dependent on the body's ability to repair and replenish cells—something that can be reduced with age (Pinto et al., 2014). Thus, smell can serve as a helpful indicator of a person's health.

#### **How is it measured?**

We measure smell by having people identify the different odors of five smell pens. Your score represents the number of odors you identified correctly.

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### Timed Walk

#### **What is it?**

The timed walk is a method of determining basic functionality in daily life (Huisinigh-Scheetz et al., 2014). The timed walk is a method of measuring gait speed, or speed of walking. The measure may be used alone or in combination with other measures of strength and balance.

#### **How is it measured?**

We measure the timed walk as the time it takes a person to walk at their normal walking pace three meters of length. This is done this twice, and then the fastest time is used for the final performance time.

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### Chair Stands

#### **What is it?**

The chair stands exercise (or 5-repeated chair stands) is used to assess a person's leg (or lower extremity) strength, mobility, balance, and proprioception (Huisinigh-Scheetz et al., 2014).

#### **How is it measured?**

We measure the amount of time it takes a person to change from a seated to a standing position and back to sitting five times, with their arms crossed across their chest. The faster the task is performed, the better the person's physical strength.

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## Social Network

### What is it?

A person's social network is made up of the people they are closest with—the people they can discuss important things with (Cornwell et al., 2009).

### How is it measured?

The social network is measured through two questions. A person is first asked to name up to five people who they've most frequently discussed things important to them with. Then, they are asked how many of those people are family.

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## Social Isolation

### What is it?

People who are socially isolated have relatively few people they see or speak to frequently (Cornwell & Waite, 2009). They may live alone, have a small social network, and/or few family members. Social isolation can affect health at older ages by reducing the practical and emotional help people get through social connections.

### How is it measured?

Social isolation is measured through six questions relating to how much social interaction a person experiences through their lifestyle and personal circumstances. The questions pertain to living alone; being married or having a romantic partner; and frequency of attending religious services, attending organized group meetings, volunteering, and getting together with friends and family.

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## Loneliness

### What is it?

Loneliness is an unpleasant feeling that is experienced when a person feels that there is a disconnect between the social relationships that they desire, compared to what their social relationships are actually like (Peplau & Perlman, 1982). Loneliness is a distinct experience from social isolation; social isolation is when a person has minimal social contact with others. For example, a person could have many friends but still feel lonely. Likewise, a person might have a small number of friends but not feel lonely.

### How is it measured?

Loneliness is measured by 3 questions that ask people how often they feel that they lack companionship, feel left out, or feel isolated from others.

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## Social Support & Social Strain

### What is it?

Social support is a connectedness to the other people in a person's life, as well as a feeling that a person has others to fall back on when they are going through tough times (Hawkley et al., 2021). The benefits of having social support during times of crisis are numerous and well documented.

On the other hand, social strain is negative social interaction from those within a person's social network (Chen & Feeley, 2014). Not all relationships are beneficial and pleasant, so frequent interaction with those relationships can cause a level of social strain on a person.

### How is it measured?

We measure social support with one question asking a person whether they can open up to their friends if they need to talk about their worries. We measure social strain with one question asking a person whether their family is critical of them.

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## Resilience

### What is it?

Resilience is generally defined as the ability to withstand, bounce back from, and even thrive when faced with challenging situations and hardships (Hawkley et al., 2021). Resilience isn't necessarily a personality trait that only some people have; it can also be a skill that is developed over time through behaviors, thoughts, and actions.

### How is it measured?

Resilience is measured by 4 questions that ask a person if they are energetic, if they bounce back quickly after hard times, if they take things in stride, and if they can do just about anything they set their mind to.

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