



Nordic Gerontological Federation

# GeroNord

News on research, developmental work and education within the  
ageing area in the Nordic Countries

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## In this newsletter

- |   |    |
|---|----|
| 1. 24NKG update                             | 2  |
| 2. The Nordic Sohlberg Prize in Gerontology | 4  |
| 3. Gerontology research center (GEREC)      | 5  |
| 4. Doctoral dissertations in GEREC          | 7  |
| 5. SWEAH                                    | 10 |
| 6. Doctoral dissertations in SWEAH          | 11 |
| 7. Positions for PhD in Finland and Sweden  | 14 |
| 8. The board of NGF                         | 16 |

**24TH NKG: LESSONS OF A LIFETIME - OSLO, NORWAY, MAY 2-4, 2018**

The 24th Nordic Congress of Gerontology (24 NKG) – taking place May 2-4, 2018 in Oslo, Norway – is a core meeting place for researchers and professionals from a broad range of disciplines engaged in ageing and geriatric medicine. More information is available on our website [www.24nkg.no](http://www.24nkg.no).

Submission of symposia is now closed, and we are impressed, both by the amount and by the quality of the 77 suggestions we have received. The scoring have been performed by the scientific committee and the organizing committee had a hard time picking out the 56 which will be presented at the conference. Submission of individual abstracts for posters and oral talks have deadline: 15th December 2017.

Among our eight keynote speakers, we are happy to present two of them in this newsletter; **Sandra Torres** and **Mika Kivimäki**.

As a critical social gerontologist, Sandra Torres – who holds both a Professorship in Sociology and the Chair in Social Gerontology at Uppsala University, Sweden - has conducted research that problematizes old age-related constructs; sheds critical light on commonly used methods in health and social care and deconstructs some of the taken for granted assumptions that guide old-age policy and practice. Her main contributions to the field of aging are based on studies that have aimed to expand the social gerontological imagination while being informed by the sociology of ethnicity/ migration, social work and the caring sciences. Sandra – who served as President to the Swedish Gerontological Society (SGS) from 2009 to 2015 – co-leads the Working-Group on Civic Exclusion of the COST-Action on old age social exclusion (ROSENet) at present. She co-chairs the interest group on International Aging and Migration for the Gerontological Society of America (GSA), is an Officer at Large of the Board of the Research Committee on Aging (RC-11) of the Int'l. Sociological Association (ISA) and was elected into the (Swedish) Royal Society of Sciences in 2016. She has authored close to 90 publications and has made 120+ presentations at international conferences. Her latest books – published in 2016 - are edited collections for Routledge: *Ageing in Contexts of Migration* (co-edited with Ute Karl) and *Older People and Migration: Challenges for Social Work* (co-edited with Sue Lawrence). At present she is finalizing a book for Policy Press entitled *Ethnicity & Old Age: Re-Imagining the Intersection*.

**Keynote title Sandra Torres: Aging in the age of migration: what an ethnicity-informed and migration-aware lens can offer to gerontological research, policy and practice**



**Mika Kivimäki** is Whitehall II Study Director and professor of social epidemiology, Department of Epidemiology and Public Health, University College London, London, England. Professor Kivimäki is an epidemiologist with special interests in risk factors of cardiovascular diseases, type 2 diabetes and dementia in old age. He is the Principal Investigator of the IPD-Work consortium of 17 European cohort studies. Over the past decade, Professor Kivimäki has had a number of roles, including research professor at the Institute of Occupational Health, Helsinki, Finland, and professor of occupational health at the Institute of Behavioural Sciences, University of Helsinki. Kivimäki's key area of research interest in cardiometabolic diseases and depression is now increasingly focusing on the ageing process, with the Whitehall participants now at 65 to 85 years of age. Examples of research include the importance of midlife vascular factors on old-age outcomes, such as dementia, late-onset depression, and physical functioning. Measurements of biological, behavioural, and psychological factors from early midlife onwards provide us with a great opportunity to identify key drivers of old-age health and functioning.

**Keynote title Mika Kivimäki: Stress, lifestyle and healthy ageing: evidence from big data approaches**



**24NKG 2018**  
24th Nordic Congress of Gerontology

**We hope to see you in Oslo May 2-4, 2018!**  
**Remember, deadline for early bird registration is**  
**1. February 2018**

Nils J Holand President 24 NKG  
Marijke Veenstra Secretary General

**The Nordic Gerontological Federation (NGF) invites for nominations of candidates for the most prestigious Nordic Prize in Gerontology, the Sohlberg prize.**

The Sohlberg prize of 10.000 euros is sponsored by the Päivikki and Sakari Sohlberg Foundation and will be awarded in the 24th Nordic Congress of Gerontology in Oslo.

The prize is relevant for all aging sciences and is awarded to a scientist active in a Nordic country who is a leader in gerontology with a major influence on the development of her/his field in aging research. To be considered, the candidate should have built a strong research group or initiated research of major importance for developments in gerontology. The nomination must include reasons for the nomination (described on a half to a full A4 page), in addition to a curriculum vitas and a publication list of the candidate. Self-applications are not accepted.

The prize will be awarded by a jury including the president and the two vice presidents of NGF and the two most recent prize-winners. The nomination should be sent electronically to the NGF president Professor Marja Jylhä by e-mail: Marja.Jylha@uta.fi **no later than December 15, 2017.**

For more information, please visit website [www.24nkg.no](http://www.24nkg.no).

**Previous winners for the major Nordic prize in Gerontology:**

- 2016 Kaare Christensen (Denmark)
- 2014 Timo Strandberg (Finland)
- 2012 Kaisu Pitkälä (Finland)
- 2010 Laura Fratiglioni (Sweden)
- 2008 Yngve Gustafsson (Sweden)
- 2006 Knut Engedal (Norway)
- 2004 Stig Berg (Sweden)
- 2002 Bengt Winblad (Sweden)
- 2000 Reijo Tilvis (Finland)
- 1998 Birgitta Odén (Sweden)
- 1996 Eino Heikkinen (Finland)
- 1994 Carl Geerhard Gottfries (Sweden)

**Gerontology Research Center (GEREC), Universities of Jyväskylä and Tampere, Finland**

A multidisciplinary Research Unit in gerontology was established in 1986 at the University of Jyväskylä, Finland. In 1994 it was renamed the Finnish Centre for Interdisciplinary Gerontology. The University of Tampere, in turn, was the first university in the Nordic countries to establish a professorship in Gerontology in 1976. Since 2012, the Gerontology Research Center has been a joint effort between the universities of Jyväskylä and Tampere. Researchers from the Faculty of Sport and Health Sciences and the Department of Social Sciences and Philosophy in Jyväskylä and from the Faculty of Social Sciences and the Faculty of Medicine and Life Sciences in Tampere participate in GEREC. The researchers represent a range of related disciplines, such as gerontology, epidemiology, geriatrics, health, and physical activity, along with social sciences, biogerontology, philosophy, psychology, sociology, statistics, and economics. GEREC is also involved in the Centre of Excellence in Research on Ageing and Care (CoE AgeCare 2018–2025; see <http://www.ngf-geronord.se/GeroNord.html>; 2-2017). GEREC has a director and vice-director, one post located in Jyväskylä and one in Tampere, and an advisory board composed of leading scholars in ageing research.



Photo: Miikka Kimari

GEREC provides a multidisciplinary environment for researchers interested in studying ageing. The researchers come from various research career phases, that is, post-graduate students, post-doctoral researchers, and academy research fellows, or are university researchers or teachers, and professors. Some 75 researchers are affiliated with GEREK. The GEREK researchers are also members of several national and international research networks. GEREK researchers have been successful in obtaining external research funding, including an ERC Advanced Grant, H2020/Marie Skłodowska-Curie Innovative Training Networks funding, project funding and funding for research posts from the Academy of Finland, the Ministry of Culture and Education, and various private foundations. In 2016, GEREK was one of the main organizers of the 23th Nordic Congress in Gerontology, held in Tampere.

The activities of GEREK comprise research, post-graduate training, and societal interaction. Its main research themes are as follows:

- Active ageing, life space mobility, and physical activity
- Health, functioning, longevity and biological ageing
- Life course, retirement, and agency
- Services, care and politics

GEREC contributes to post-graduate training in its host universities. The aim is to educate experts in the field of aging. As a joint training venture between the two universities, GEREK organizes an annual summer school on gerontology. The summer school invites all GEREK researchers to participate and is centered around a specific theme each year; for example, the theme of the 2017 summer school was “Old age in the 2040s in Finland”. GEREK’s mission is to communicate its research results to both the scientific community and a wider audience.

Vice-Director Katja Kokko  
katja.r.kokko@jyu.fi

Director Marja Jylhä  
marja.jylha@uta.fi

Gerec online: <http://www.gerec.fi/en>  
Gerec in Facebook: <https://www.facebook.com/gerecfi/>

**Social activity may prevent health decline, loneliness alleviates over time**

The 11th of August 2017, the dissertation Social engagement, mood, and mortality in old age, was defended by **Katja Pynnönen** for a PhD at the Faculty of Sport and Health Sciences and Gerontology Research Center at the University of Jyväskylä, Finland.

Participating in social activities decreases the risk for mortality and institutionalization, and may thus prevent health decline in older people. However, the central finding of the study was that increased social activity did not lead to improvements in depressive symptoms, melancholy, and loneliness. Instead, feelings of loneliness and melancholy decreased over time.

Previous studies have shown that social activity is beneficial e.g. in maintaining better cognitive functioning and mobility, preventing depressive symptoms, and decreasing risk for mortality among older people. However, existing knowledge of the interventions aiming to alleviate loneliness and depressive symptoms suggests that alleviating loneliness and depressive symptoms may not be as straightforward as the observational studies propose. In addition, more knowledge of whether all or only some of the dimensions of perceived togetherness are associated with loneliness and depressive symptoms among older people is needed. The purpose of this research was to investigate the role of social activity and perceived togetherness in health decline among older people. Also potential mediators in these associations were investigated.



Data for the study were derived from two research projects: The Evergreen project, including 1 181 participants aged 65–84, and the Promotion of mental well-being in older people (GoodMood) which was a randomized controlled trial lasting for 1.5 years targeting persons aged 75–79 years (n=222–223) who reported symptoms of loneliness or melancholy at study entry. In both studies, participants were living in Jyväskylä, Finland.

The results showed that those who were more active in collective social activity had reduced risk for mortality and institutionalization over the 17-year follow-up. Better mobility partially explained the association between collective and productive social activities and mortality risk. Better cognitive functioning and fewer depressive symptoms were prerequisites for participating in social activities. The presence of depressive symptoms and loneliness predicted lower scores in the dimensions of perceived togetherness. Instead, higher sense of attachment and opportunity for giving nurturance predicted a lower number of depressive symptoms.

A social intervention of choice increased experiences of social integration, but did not affect depressive symptoms. Loneliness and melancholy were attenuated over time, also equally among controls, suggesting no additional benefit from the social intervention. A higher level of social activities and contentment in perceived togetherness, less frequent feelings of loneliness and fewer depressive symptoms often co-exist, but increased social activity may not lead to improvements in these variables.

Contact: [katja.pynnonen@jyu.fi](mailto:katja.pynnonen@jyu.fi)

Link to the doctoral thesis: <http://urn.fi/URN:ISBN:978-951-39-7129-8>

**Milla Saajanaho** defended her PhD thesis "Personal goals in old age – relationships with resources in life, exercise activity, and life-space mobility" at the Faculty of Sport and Health Sciences and the Gerontology Research Center at the University of Jyväskylä, Finland the 12th of February 2016.



Personal goals – the states that people want to achieve or avoid - of older people have not been much studied in health scientific research. In her study, Saajanaho noticed that almost every one of the 1132 older people who participated in the study had at least one personal goal in their lives, most of them from two to three, some even more. The personal goals of older people were highly individual, for some they included a great deal of activities, and for others, the strivings were rather modest. The most common goals among older people were related to health and functioning, close relationships, different hobbies and travelling. Quite many also endorsed goals related to exercise and activeness in daily life.

Disengagement from personal goals was quite common among the participants of the study. Particularly, goals related to cultural and physical activities were commonly abandoned over years. Mobility limitation, most strikingly walking difficulties, was related to these changes in goals. There were no participants who had developed walking difficulties during the follow-up who would have set themselves new exercise-related goals. This is unfortunate, since exercise would be one of the best ways to prevent further functional decline. In contrast, the frequency of goals related to independent living increased substantially during the years. It seems that the more age, the more people hope to be able to take care of themselves and be able to live at their own homes for as long as possible.

One of the main aims of this study was to explore how personal goals could promote active aging. Based on the results, active life goals may help older people to maintain higher exercise activity over years. Moreover, active goals relate to higher life-space mobility, that is, the area and frequency of movement in a person's daily life. This, in turn, relates to more participation in society. Based on this study, it seems that older people themselves, with the help of their personal goals, may be able to influence their own aging and the possibilities to live a meaningful and active old age.

Contact: [milla.saajanaho@jyu.fi](mailto:milla.saajanaho@jyu.fi)

Link to the doctoral thesis: <http://urn.fi/URN:ISBN:978-951-39-6525-9>

### **Socioeconomic status is a determinant of health also among the oldest old**

The 1<sup>st</sup> of December 2017, the dissertation *Social inequality in the health of the oldest old, Socioeconomic differences in health, functioning, mortality and long-term care use in the population aged 90+*, was defended by **Linda Enroth** for a PhD at the Faculty of Social Sciences and Gerontology Research Center at the University of Tampere, Finland.

The study showed that socioeconomic inequalities exist in health, functioning and mortality in the population aged 90 years and over. The two socioeconomic status indicators used in the study were occupational class and education. Health inequalities were studied in terms of self-reported diseases, a measured body mass index and inflammatory and cardiometabolic biomarkers drawn from blood samples. Functioning was assessed in terms of activities of daily living. All-cause mortality and mortality from cardiovascular diseases and dementias were analyzed in three years of follow-up. In addition, the use of round-the-clock long-term care was assessed separately for public and private service providers.



Photo: Minna Hokkanen

A social gradient in health was observed with several indicators of health, functioning and mortality. A social gradient shows that health inequalities are found not only between extreme ends in the social hierarchy but across the social hierarchy. The higher the socioeconomic status the better the health. Health inequalities were observed in men and women with both socioeconomic indicators, however, the magnitude of inequalities varied. Differences between occupational classes were rather small in the use of round-the-clock long-term care. The study however, showed some evidence of the higher use of privately provided long-term care among the highest occupational class than among the other occupational classes and on the other hand, other classes used more publicly provided long-term care than the highest occupational class.

Socioeconomic health inequalities have deep roots. This study showed inequalities in health with several indicators in the population that lived beyond the average life expectancy. Differences in the living and working standards both in social and material circumstances have effect on health inequalities throughout the life span. Thus, policies to reduce health inequalities in old age should focus on reducing social inequality in the society in general. Since there are socioeconomic health inequalities among the oldest old, health and social care services should be organized in a way that people in all socioeconomic groups have access to services based on their needs.

The study used data from the Vitality 90+ Study, which is a multidisciplinary research project focusing on 90 years and older people in the city of Tampere. Mailed survey data came from the years 2001, 2003, 2007 and 2010 (n=2,862, response rate 80%) and health-examination data from the year 2000 (n=262, response rate 61%). Register data on mortality and long-term care use for the follow-up studies were derived from the Statistics Finland and from National Care Registers.

Contact: [linda.enroth@uta.fi](mailto:linda.enroth@uta.fi)

Link to the doctoral thesis: <http://urn.fi/URN:ISBN:978-952-03-0599-4>

**SWEAH** is a Swedish national graduate school with focus on interdisciplinary research on ageing and health, involving 15 partners to date. SWEAH was established in 2014 and is funded by the Swedish Research Council. Susanne Iwarsson is coordinator of the national Swedish network for PhD students and postdocs in ageing research. The SWEAH consortium has more than 50 affiliated PhD students.

SWEAH consist of a specific curriculum and other scientific related activities: [www.sweah.lu.se/en](http://www.sweah.lu.se/en)  
Coordination and development of courses within ageing and health is one of the major cornerstones of the national graduate school. Courses offered within the specific curriculum of SWEAH shall consist of multi-and interdisciplinary components and PhD students affiliated with SWEAH are encouraged to be involved in the development of courses.

Concerning courses on a national level, it is not unusual that courses with similar content are advertised at different educational institutions. Thus, another important cornerstone of SWEAH is to inform about upcoming and ongoing courses within ageing and health on a national level. SWEAH also has the possibility to financially contribute to the development and implementation of courses were two or more SWEAH partners collaborate.

Yet another part of the research school focus on academic career development for postdoctoral students. Postdoctoral meetings, courses and mentoring programs have been implemented and are upcoming. SWEAH also has the ambition to develop and strengthen cooperation between the SWEAH partners. This is done through, for example activities targeting partners and supervisors where current questions can be discussed.



Photo: Erik Skogh

Contact:

Associate professor Maria Haak, study coordinator, SWEAH

Tel: +46 46-222 18 15

E-mail: [maria.haak@med.lu.se](mailto:maria.haak@med.lu.se)

Webpage: [www.sweah.lu.se/en](http://www.sweah.lu.se/en)

After three years in action, on 16th of February 2017, it was time for the first dissertation of a doctoral student linked to SWEAH. Read the presentations of the first triplet of SWEAH theses defended by former PhD students **Christina Bökberg**, **Terese Lindberg** and **Stefan Andersson**.

**Care and services at home for persons with dementia. Structure, process, and outcomes.**

The overall aim of **Christina Bökbergs** thesis was to investigate formal care and services at home, regarding structure, process, and outcomes, for persons with dementia (aged 65+ years) at risk of nursing home admission. Availability and utilization of formal care and services at home for persons with dementia, from diagnosis to end-of-life stage, in eight European countries was described in study I. A mapping form was used to collect data. The results revealed that availability was reported to be higher than utilization, and indicated more similarities than differences among the countries involved. Dementia-specific care and services were sparsely available and even more sparsely utilized.

Study II investigated formal care providers' views on conditions for best practice in terms of collaboration and improvement needs in the chain of care from early to end-of-life stage for persons with dementia in Sweden. Three focus group interviews were conducted to collect data. Data were analysed using content analysis. The results indicated that best practice in terms of collaboration was achieved to a higher degree during the early stage compared with the moderate and end-of-life stages of the disease. Lack of best practice strategies during these stages made it difficult to meet the needs of persons with dementia and reduce burden on informal caregivers.



Photo: Kenet Ruona

A cross-sectional study design was used in studies III and IV. Questionnaire-based interviews were conducted with 177 persons with dementia and their informal caregivers. Data were analysed using descriptive and comparative statistics. Study III compared persons with dementia with different levels of cognitive impairment, regarding utilization of formal and informal care and services at home. The results showed that needs relating to ADLs and supervision appear to be met first and foremost by the informal caregivers, since the utilization of formal care and services was lower than utilization of informal care.

Study IV described self-reported quality of life (QoL), different aspects of quality of care (QoC) and the significance of QoC for QoL. The results revealed that pain significantly lowered QoL in the dimensions behavioural competence and psychological wellbeing, compared with absence of pain. Satisfaction with received care seemed to have a positive effect on QoL.

The overall QoL was perceived to be high even though one-third of the persons with dementia had daily pain and had had a weight loss of  $\geq 4\%$  during the preceding year.

Altogether 23% of the persons with dementia had fallen during the last month and 40% of them had sustained an injury when falling. The thesis is inspired by Lawton's press-competence model, which provided a deeper understanding of the results and the context of the research.

Contact: [christina.bokberg@med.lu.se](mailto:christina.bokberg@med.lu.se)

Link to the doctoral thesis: <http://bit.ly/2zAKsMF>

**Arrhythmias in older people- focusing atrial fibrillation. Epidemiology and impact on daily life**

The 30th of May 2017, the dissertation *Arrhythmias in older people- focusing atrial fibrillation. Epidemiology and impact on daily life*, was defended by **Terese Lindberg** for a PhD at the Faculty of Medicine, Lund University, Sweden.

Older people constitute the fastest accelerated proportion of the population in the industrialized world. The expected demographic development shows that Sweden has the world's highest percentage of older people in the population. According to the population forecast by Statistics Sweden, the proportion of elderly individuals is expected to increase by 30 percent between 2010 and 2050.



As arrhythmias are common in the older general population, it is expected that the prevalence of arrhythmias will increase over upcoming decades. Some types of arrhythmias such as atrial fibrillation (AF) have important health implications and, thus, represent a growing challenge to healthcare services.

We know that persons who suffer from AF often feel unwell both physically and psychologically but there is presently a lack of knowledge regarding the experiences of older persons living with this condition. With longer life expectancies and increases of arrhythmias there is need to develop further knowledge about the problems and experiences of older people living with these conditions.

The aim of the doctoral study was to investigate arrhythmia prevalence, incidence, survival, and experiences from the perspective of a geriatric population (aged 60+ years), and to examine the feasibility of using the new wireless LTR ECG-BodyKom® device for arrhythmia screening.

The studies employed data from the Swedish National Study on Aging and Care (SNAC). SNAC is a cross-sectional, national, longitudinal, multi-disciplinary study with 3 and 6 years of follow up, being conducted at four research centers in Sweden. The studies were carried out in a population of individuals over 60 years of age and divided into age cohorts 60 66, 72 78, 81 84 87 and 90 years and older. We were using data from the baseline investigation with 8473 participants and the follow up visits after 6 and 10 years.

The findings of the thesis contribute to the knowledge regarding increasing arrhythmia occurrence in the older population, and the high number of untreated cases of AF. Furthermore, the results demonstrate that AF is associated with increased mortality, and highlight sex-related differences in AF incidence.

In line with findings from Europe and the USA, our findings show that AF incidence rapidly increases with advancing age. The findings also highlights the present lack of knowledge and the need for follow-up regarding AF in the oldest old population.

Contact: [terese.lindberg@bth.se](mailto:terese.lindberg@bth.se)

Link to the doctoral thesis: <http://bit.ly/2zTKbVX>

## **Information and Communication Technology-mediated support for working carers of older people**

The 9th of June 2017, the dissertation, Information and Communication Technology-mediated support for working carers of older people, was defended by Stefan Andersson for a PhD at the Faculty of health and life science at Linnaeus University, Sweden.

Despite a growing awareness of the importance of support for carers who combine paid work with care of an older relative, so called 'working carers', there is a lack of innovative ways to support this largest group of carers of older people. The aim of the thesis was to contribute new knowledge and understanding about support for working carers of older people via the use of Information and Communication Technology (ICT).

Findings identified web, tele-care and assistive technologies as major groups of ICT used for mediating carer support. An empirical study using content analysis describe nursing and support staff's experiences of using web-based ICTs for information, e-learning and support of working carers. Content analysis of qualitative data describes working carers' experiences of having access to a web-based family care support network provided by the municipality. Further, a cross sectional survey using descriptive statistical methods describes types of support received and how they were valued by working carers, with a focus on ICT support.



Photo: Gun Hjortryd

Findings show that the provision of web-based information, e-learning and education empowered a number of working carers as it enabled them to feel more competent and prepared in their caring role and it helped strengthen their self-efficacy and positive self-appraisal of their situation. A number of working carers also expressed feeling less burdened by their caregiving role from sharing their frustrations via online forums for emotional and social support. Carer support via web-based ICTs helped a number of working carers to access support that was otherwise inaccessible due to working obligations. Some working carers expressed dis-empowering aspects related to using ICT-mediated support, which arose as a result of perceived lack of time to prioritize their own needs for support.

To address low take-up of support services, access to and information about ICT forms of support needs to be optimized. To avoid working carers' disempowerment resulting from a lack of sufficient digital skills and subsequent risk of social exclusion from the current information society, policies are needed help ensure accessible digital skills training as part of the support process.

Working carers viewed ICT-mediated support as complementary to existing forms of family carer support and has the potential to support carers through different phases of caregiving. From a gerontological nursing perspective, care professionals predominantly perceived web-based ICTs as caring tools that helped them in their support work with carers.

Contact: [stefan.andersson@lnu.se](mailto:stefan.andersson@lnu.se)

Link to the doctoral thesis: <http://bit.ly/2yw3aBB>

**EUROAGEISM IS RECRUITING 15 EARLY STAGE RESEARCHERS – DEADLINE FOR SUBMISSION OF APPLICATIONS: JANUARY 31, 2018**

The EuroAgeism research programme, funded under Horizon 2020, MSCA-Innovative training network, consists of a multi-disciplinary, multi-sectorial, science-policy international network of researchers, policy makers and social and health care professionals. The goal of the network is to train professionals who can function effectively and comfortably at any of the intersections between science and policy.

EuroAgeism is a consortium of high profile universities, research institutions and an NGO that are located in Israel, Belgium, Czech Republic, Poland, the Netherlands, United Kingdom, **Finland** and **Sweden**. Across participating universities a total of 15 Early Stage Researcher positions are being advertised.

Doctoral Researchers will benefit not only from leadership by expert research supervisors, but also from secondments in academia, policy and health organizations, training and transferable-skills courses and active participation in workshops and conferences over the course of the program.



Picture by [www.Dreamstime.com](http://www.Dreamstime.com)

More information about the recruitment: <http://euroageism.eu/recruitment/>

**Please notice** that candidates must not have resided or carried out their main activity (work, studies, etc.) in the country of their chosen host organization for more than 12 months in the 3 years immediately prior to their recruitment.

**TWO DOCTORAL RESEARCHER POSITIONS IN THE FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF TAMPERE, FINLAND**

The Faculty of Social Sciences, University of Tampere, Finland, invites applications for two Early Stage Researchers (Doctoral Researcher) positions for three years (36 months) in the Marie Skłodowska-Curie, Innovative Training Network EuroAgeism research programme. The planned commencement date for the positions is in June – October 2018.

Recruitment for the following research projects:

*Emerging Workspaces in Ageing Societies: Ageism and Near-Retirement People*

*The Grass-Roots of Ageism: The Dynamics of Ageist Practice in Institutional Interaction*

More detailed information can be found here

[https://uta.rekryointi.com/paikat/?o=A\\_RJ&jgid=3&jid=1060](https://uta.rekryointi.com/paikat/?o=A_RJ&jgid=3&jid=1060)

Contact persons

Research Director Pirjo Nikander, [pirjo.nikander@uta.fi](mailto:pirjo.nikander@uta.fi)

Dr. Virve Kallioniemi-Chambers, [virve.kallioniemi-chambers@uta.fi](mailto:virve.kallioniemi-chambers@uta.fi)

Dr. Kirsi Lumme-Sandt, [kirsi.lumme-sandt@uta.fi](mailto:kirsi.lumme-sandt@uta.fi)

**THREE DOCTORAL RESEARCHER POSITIONS IN THE DIVISION AGEING AND SOCIAL CHANGE, DEPARTMENT OF SOCIAL AND WELFARE STUDIES, LINKÖPING UNIVERSITY, SWEDEN**

The Linköping University in Sweden invites applications for three Early Stage Researchers (Doctoral Researcher) positions in the Marie Skłodowska-Curie, Innovative Training Network EuroAgeism research programme. The planned commencement date for the positions is in May – October 2018.

Recruitment for the following research projects:

*Work and Retirement between Activation Programs and Age Stereotypes*, focussing on life-course oriented ageing research with extensive Swedish register data, policy information and expertise from policy makers

*Municipal and Regional Internet Communication and its Role in Maintaining, Reinforcing and Challenging Ageism*, focussing on age stereotypes and age norms in texts and especially images within internet-related activities on the municipal and regional levels

*Ageism in the Care Service System: Care Service Assessment for Older People with and without Dementia*, focussing on the presence of ageism in assessment meetings involving persons with and without dementia and their relatives

More detailed information can be found here

<https://liu.se/en/work-at-liu/vacancies?rmpage=job&rmjob=7196&rmlang=UK>

Contact person

Andreas Motel-Klingebiel

Professor, Head of Division

+46 11 36 33 94

[andreas.motel-klingebiel@liu.se](mailto:andreas.motel-klingebiel@liu.se)

**Executive committee**

Marja Jylhä: Chair

Nils Holand: 1. vice chair

Boo Johansson: 2. vice chair

Kirsi Lumme-Sandt: Secretary General of the 23NKG

**Representatives from the member organisations**

**Denmark:** Danish Gerontological Society (Dansk Gerontologisk Selskab): Jette Thuesen

Danish Society for Geriatrics (Dansk Selskab for Geriatri): Pia Nimann Kannegaard

**Finland:** Finnish Gerontological Society (Societas Gerontologica Fennica r.f.): Otto Lindberg

Finnish Geriatrics (Suomen Geriatriit-Finlands Geriaterer): Eija Lönnroos

Finnish Society for Growth and Ageing Research (Föreningen för forskning i uppväxt och åldrande):

Minna Ylilahti

**Iceland:** the Icelandic Gerontological Society (Societas Gerontologica Islandica): Sigurbjörg

Hannesdóttir

Icelandic Geriatric Society (Icelandic Geriatrics Society): Ólafur Þór Gunnarsson

**Norway:** Norwegian Society for Aging research (Norsk selskap for aldersforskning): Marijke

Veenstra

Norwegian Geriatric Association (Norsk geriatriisk förening): Nils Holand

**Sweden:** Swedish Gerontological Society (Sveriges Gerontologiska Sällskap): Susanne Iwarsson

Swedish Geriatric Society (Svensk Geriatriisk Förening): Peter Nordström

**The Editorial Staff of GeroNord**

**Marja Jylhä**    **Marja.Jylha@uta.fi**

**Linda Enroth**    **Linda.Enroth@uta.fi**

**Secretary and treasurer**

Linda Enroth