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### Honor the Past



### Key Moment in History

**1952:** GSA membership is divided into four sections: two basic science sections (Biological Sciences Section and Psychological and Social Sciences Section) and two applied sections (Social Work and Administration Section and Health Sciences Section).

### GSA Seeks Three Journal Editors-in-Chief

GSA has announced searches for the position of editor-in-chief for *The Journal of Gerontology: Medical Sciences*, *The Journal of Gerontology: Social Sciences*, and *Innovation in Aging*. All nominations and applications must be submitted by April 30. For full details, visit <https://bit.ly/2UfkHtV>.

### Meeting Abstract Stats Tallied

GSA received a total of 4,357 abstract submissions (including individual symposium abstracts) for this November's Annual Scientific Meeting in Philadelphia, Pennsylvania. Submissions were received from 42 countries, with the majority coming from the U.S., Canada, China, Japan, and Republic of Korea. Acceptance notifications will be sent in July!

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## Addressing COVID-19: Our Collective Responsibility

By GSA President Kathryn Hyer, MPP, PhD, FGSA, FAGHE

COVID-19 offers GSA and its members an opportunity to respond to the many dimensions of this pandemic and to help people around the world understand why age matters. The collective response of our unique family of researchers, clinicians, and educators can increase the recognition of the diversity of older adults and provide a science-based response while this pandemic continues to unfold.

As the world mobilizes to address the threats posed by COVID-19, I thought it important to address the membership directly as to what steps GSA as an organization is taking to both support its members and utilize our members' diverse scientific expertise.

COVID-19's disproportionate impact on the 60+ population has led to the needs of older adults being a major part of the global dialog today. To reiterate something I stated when seeking the office of president, "GSA has never had more opportunities to capitalize on members' knowledge and capacity to contribute to positive social change."

As the scientific community works to guide the world through this crisis, we are at a pivot point where gerontologists' expertise will be more valued than ever. Here are some of the ways GSA



is helping to showcase the expertise of its members.

### Tapping into Member Expertise

In early March, GSA established a new [COVID-19 resource page](#) on its website.

This was an extension of the existing GSA National Adult Vaccination Program (NAVAP) resources. Our NAVAP Workgroup was ahead of the curve in developing a list of practical social distancing tips just as public health authorities were calling for this action. The [March NAVAP e-newsletter](#) focused on vaccine development efforts for the virus. These are part of a growing list of highly relevant resources we're compiling on the webpage, which will shortly be joined by the April edition of the newsletter.

To further tap the collective expertise of GSA's multidisciplinary membership, I have commissioned a new GSA COVID-19 Task Force. Its purpose is to stay apprised of the rapidly developing COVID-19 pandemic and reflect upon, identify, prioritize, and recommend steps, tools and, resources that GSA is uniquely and well-qualified to develop to support its members

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## OAA Reauthorized with GSA-Recommended Language Intact

GSA is applauding the passage of the Supporting Older Americans Act of 2020 — which reauthorizes the Older Americans Act (OAA), a vital piece of legislation that supports programs and services for approximately 11 million individuals and their caregivers annually.

GSA was a strong advocate for OAA reauthorization; it contributed language to the final bill and worked with other stakeholder organizations on several provisions.

"Achieving a reauthorization of this critical act that reaffirms and protects its mission will

ensure the sustainability of vital OAA programs, as well as the health, dignity, and independence of older Americans and their caregivers who depend on these programs," said GSA CEO James Appleby, BSPHarm, MPH, ScD (Hon).

The OAA is essential to developing, coordinating, and delivering home and community-based services that help older adults remain in their homes and communities as they age. Many individuals served by OAA-funded programs are at significant risk of hunger, isolation, abuse, and losing their

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# From the CEO



## Expertise Redux — When the Going Gets Tough, Expertise Shines

By James Appleby, BSPharm, MPH • [jappleby@geron.org](mailto:jappleby@geron.org)

Thirty days seem to have changed everything. The world is in a much different place since my column last month reinforcing the importance of the open sharing of carefully vetted science as we confront COVID-19 together. The potential pandemic became reality, and who knows what changes we'll see by the time you read this?

In crises of this magnitude, the number of outcomes — both positive and negative — is difficult to forecast. It looks like the hardest days are still ahead for much of the world as we cope with this pandemic. Thank you all for the work you're doing in your communities and at your institutions to help in the collective response to this scourge which is disproportionately impacting the 60+ population.

One positive outcome of this crisis that I've observed is what I'd call the "rebirth of expertise." Last May I wrote a column centered on the book "The Death of Expertise: The Campaign against Established Knowledge and Why It Matters." It served as a cautionary tale of what happens when the value of science becomes discounted in the public square. One relevant case example is the elimination of the position of senior director for global health security and biodefense at the National Security Council. The value of scientific expertise has been undermined regularly.

In the midst of COVID-19, however, the winds have shifted. Yes, we've seen bad actors promoting fake cures or calling the virus a hoax. But scientific experts like Drs. Anthony Fauci and Deborah Birx have become household names, and millions of people are tuning in daily to hear their insights. They have been beacons of sound, reasoned advice, separating actionable steps individuals can take from wishful thinking. In short, they have been clinician-scientists and the U.S. is safer when it embraces their expertise and the expertise of the other researchers, clinicians, and educators whose knowledge we count on every day.

Expertise is related to another positive outcome we may see, and it's one to which GSA members are uniquely able

to contribute: a focus on and concern for older adults. The dominant-aging related story right now is about how older adults are among the populations most susceptible to the virus. But we're seeing an emergence of reporters delving into other related topics as well. How can older adults interact with their loved ones if they're practicing social/physical distancing? How can older adults maintain mental and physical fitness if they are isolated? How should we best describe the heterogeneity of the 60+ population to avoid ageism in reporting? How can caregivers of older adults be supported during this pandemic?

GSA has member experts in all of these areas who are already contributing locally and nationally. As one example, I applaud the GSA National Adult Vaccination Program workgroup members who contributed to a new social/physical distancing tips resource to help individuals interpret this guidance from health authorities. (See [www.geron.org/covid19](http://www.geron.org/covid19).)

To help counter the blatant ageism that is showing up in reporting on the pandemic, I encourage everyone to keep in mind the principles of Reframing Aging ([www.reframingaging.org](http://www.reframingaging.org)) when you are writing or speaking publicly. The initiative relies on tested strategies and evidence-informed tools that have been found to reduce implicit bias against older people. Seek ways to cue cultural models that highlight our collective responsibility rather than an "us versus them" scenario. Challenge the messages of fatalism with those that cue our values of ingenuity and innovation that lead to concrete solutions for us all.

These resources are available in a toolkit called Gaining Momentum ([www.frameworksinstitute.org/toolkits/aging](http://www.frameworksinstitute.org/toolkits/aging)). And a new weekly newsletter on reframing in the midst of this pandemic is available from GSA's strategic partner, the FrameWorks Institute. Sign up at <https://bit.ly/2y3S23v>.

One of the main goals of reframing aging is to combat ageism. GSA recently introduced an online course called

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## gerontology news

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# member news

## In Memoriam

**Alice Scannell, PhD**, passed away on December 9, 2019. She was a senior research associate at Portland State University's Institute on Aging. Her research focused on how adults adapt to adverse life events such as chronic illness, disability, and loss. She was also ordained to the priesthood, serving as vicar of St. Anne's Episcopal Church in Washougal, Washington for eight years. Her work culminated in the publication of a 2017 book, "Radical Resilience: When There's No Going Back to the Way Things Were."

## New Books by Members

- "Falls and Cognition in Older Persons. Fundamentals, Assessments, and Therapeutic Options," edited by Manuel Montero-Odasso, MD, PhD, FGSA, and Richard Camicioli, MD. Published by Springer International Publishing, 2019.

## Members in the News

- On December 30, Cathy Maxwell, PhD, was the focus of an article in *The Tennessee Tribune* titled "Cliff Notes for Growing Old Well."
- A December 31 article in *USA Today* titled "Watching the Rose Parade on New Year's Day? One float will honor family caregivers with message of hope" featured quotes from Gretchen Alkema, PhD, FGSA, and Laura Mosqueda, MD.
- Mark Supiano, MD, FGSA, and Mary Tinetti, MD, FGSA, were quoted in a January 3 article in *The New York Times* titled "Older People Need Geriatricians. Where Will They Come From?"
- On January 3, Matt Kaeberlein, PhD, FGSA, and Daniel Promislow, PhD, were quoted in an *Atlanta Senior Life* article titled "The Dog Aging Project: Em-'Barking' on a New Line of Research."
- Valter Longo, PhD, FGSA, and Rafael de Cabo, PhD, FGSA, were quoted in a January 6 *Forbes* article titled "Can Intermittent Fasting Reset Your Immune System?"
- Jacquelyn James, PhD, FGSA, was quoted in a January 7 *Next Avenue* article titled "The Double Whammy For Older, Low-Wage Workers With Chronic Conditions."
- On January 13, James Kirkland, PhD, FGSA, and Rachel Wu, PhD, MS, were quoted in an NBC News story titled "There are at least 4 different ways of aging, scientists say."
- On January 14, *The Wall Street Journal* published an interview with Thomas R. Cole, PhD, FGSA, titled "What Men in their 80s Can Teach Us About Aging."
- Kristine Ajrouch, PhD, FGSA, was quoted in a January 17 article in *The Arab American News* titled "Innovative center improves Alzheimer awareness through contextual research on Arab Americans."
- On January 31, an interview with Mark Brennan-Ing, PhD, FGSA, was published in a *Real Health* magazine article titled "Living Longer with HIV."

## Colleague Connection

This month's \$25 amazon.com gift certificate winner:

**Stephen K. Shuman, DDS, FGSA**

The recipient, who became eligible after referring new member

**Mary K. Owen, DDS**, was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion visit [www.geron.org/connection](http://www.geron.org/connection).

## Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members.

The current spotlight shines on:

**Deb Bakerjian, PhD, APRN, FAAN, FAANP, FGSA**

Click on the Member Spotlight slider image at the top of [www.geron.org](http://www.geron.org) to read the interview and ask questions.

## Cook Named NASI Distinguished Visiting Fellow

Former President Fay Lomax Cook, PhD, FGSA, has accepted the position of distinguished visiting fellow at the National Academy of Social Insurance (NASI). Working closely with the organization's policy team, she will oversee the writing of all publications. She will also serve as a mentor to the NASI policy team and as a resource for other staffers in their varied activities. Cook is a professor emerita of human development and social policy at Northwestern University and a faculty fellow of the Institute for Policy Research, where she was director for 16 years from 1996 to 2012.

## Hepburn, Perkins Will Lead New Emory Center

The National Institute on Aging has awarded a five-year, \$3.66 million grant to Emory University's Nell Hodgson Woodruff School of Nursing to establish an Edward R. Roybal Center for Translational Research in the Behavioral and Social Sciences focused on dementia caregiving. This will be one of the 13 Roybal Centers nationally, and one of four focused on development of interventions to improve and support dementia care. Kenneth Hepburn, PhD, FGSA, a professor in the School of Nursing, and Molly Perkins, PhD, FGSA, an associate professor in the Emory University School of Medicine, will lead the center as co-principal investigators.

## Hayflick Earns Distinguished Graduate Award

GSA Past President Leonard Hayflick, PhD, has been named a recipient of the 2020 Perelman School of Medicine Distinguished Graduate Award by the University of Pennsylvania Health System. This distinction honors alumni for their outstanding service to society and to the profession of medicine, as well as their notable contributions in biomedical research, clinical practice, or medical education. Hayflick was selected for his exceptional work in the fields of microbiology and aging, as well as his contributions to GSA and the National Institute on Aging.

## Appleby Earns NASI Membership

GSA CEO James Appleby, BSPHarm, MPH, ScD (Hon), has been elected to the National Academy of Social Insurance (NASI), an organization that advances solutions to challenges facing the nation by increasing public understanding of how social insurance contributes to economic security. Those elected to NASI membership have distinguished themselves by improving the quality of research, administration, or policymaking in an area of social insurance.



## As Monumental Legislation Passes, Congressional Staff Keep the Trains Moving

Suffice it to say, this column as well as all of our lives have been transformed over the past month since the coronavirus was declared a pandemic. In the nation's capital, we have seen both bipartisan, bicameral successes and some bitter blame-game politics on our way to three major coronavirus legislative packages being approved by Congress and signed by the president.

It has been one of those times when many policymakers and advocates receive phone calls, texts, and emails at all hours of the day and night. Not just from friends and family checking in, but from congressional staff and sometimes members. You don't need to be a well-heeled K Street lobbyist to get those communiques; you just need to be a reliable and trusted source of information, data, or insights on how policies will affect real people.

As hundreds of hours have gone into the bill passing process during this period, we have unofficially rewritten the definition of FTE for congressional offices and many federal agencies. Before COVID-19 captured our attention so completely, I had planned on writing about the Older Americans Act (OAA) reauthorization process and the amazing amount of work, long hours, and commitment from Capitol Hill staff that had gone into this legislative success. (See the bottom front page story.)

Now those OAA work hours look like a 10k race in cool weather, not the current marathon in a heat wave. Turns out that these staffers are there for the issues they care about deeply, and they are also there for us when our country needs them most.

Thus, my column topic has been validated by the latest experiential knowledge. The pandemic has created a scenario where hundreds of staff have stepped up and taken their dose of long hours and all-nighters, either by working at home or in their offices. Others are working on the floor of the Senate or House, with senators and representatives who now have been found to have COVID-19, and have taken the risk of contracting the virus themselves and taking it home to their families. Thankfully, only a few have.

### Legislation Passed

Before I give my speech on the importance of staff and the need for all of us to develop relationships with staff in our member's offices and on committees with jurisdiction over our issues, let me summarize the three COVID-19 bills that I mentioned.

On March 6, the president signed into law H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, which provides additional fiscal year 2020 emergency supplemental funding for combatting the spread

of the coronavirus at the local, state, national, and international levels and to prepare for the impacts that it may have on the nation. It includes money for developing, manufacturing, and procuring vaccines, grants for state, local, and tribal public health agencies, loans for affected small businesses, evacuations and emergency preparedness activities.

On March 18, the president signed into law H.R. 6201, the Families First Coronavirus Response Act, which provides for supplemental appropriations related to the COVID-19 public health emergency, as well as waivers and modifications of federal nutrition programs including the Supplemental Nutrition Assistance Program and home delivered and congregate meals, employment-related protections and paid family and sick leave benefits, health programs and insurance coverage requirements, and related tax credits during the COVID-19 public health emergency. That bill was drafted and negotiated by House Democrats (i.e., the Speaker of the House Nancy Pelosi), primarily with Treasury Secretary Steve Mnuchin.

On March 25, the Senate unanimously (96 to 0) approved a \$2 trillion emergency economic stimulus package to address the coronavirus crisis. This third bill is named the Coronavirus Aid, Relief, and Economic Security, or CARES, Act. The House passed the bill by voice vote on March 27 and the president signed it into law the same day.

The legislation was designed to support families and stimulate the economy, and was originally drafted by the Republicans in the Senate and focused on help for small business, money for people with middle and lower-incomes, loans for industries, and extensive help in the health care sector. The Democrats in the Senate said their focus was more on the workers of America and voiced concern about industry bailouts without strict rules on the use of the money. The bill provides additional funds for many parts of government, including increases of \$945 million for the National Institutes of Health, \$4.3 billion for the Centers for Disease Control and Prevention, \$275 million for the Health Resources and Services Administration, and \$200 million for the Centers for Medicare and Medicaid Services (nursing homes).

Both sides agreed on many aspects of the bill, including funds to address the needs of people with disabilities and older adults. Many of those proposals originated in a bill drafted by Senate Special Committee on Aging Ranking Member Senator Bob Casey. The support comes in the form of additional funds (\$955 million) to

pay for services (such as meals, caregiver supports, long-term care ombudsman, and employment), lifting regulations to streamline and make serving people easier, and increasing access to programs like family and sick leave.

Hundreds of billions are included for hospitals and the health care system, states and local governments, and millions will be available for education and transit. The bill also includes the Health, Education, Labor, and Pensions Committee-passed Geriatrics Workforce Education Program and Geriatric Academic Career Awards reauthorization bill, which GSA and the National Association for Geriatric Education helped draft.

It took five days of “arduous negotiations,” but that should be expected given the differences in focus, the size and reach of the rescue package, and the negative relationships that permeate the Senate-House-White House leadership. Related to the additional OAA services, please look at some related work that GSA supported on the [www.endsocialisolation.org/covid19](http://www.endsocialisolation.org/covid19) website and follow #isolatedNOTalone on Twitter. Many organizations like this coalition have also been working long hours to ensure that those they represent are supported in these massive funding bills.

## Advocacy and the Staff Who Value It

So, back to advocacy, which was abundant these last weeks, and the need to value and communicate with staff. We have always said that in addition to having some basic knowledge of the legislative process, you should establish a relationship with your members of Congress and their staffs by introducing yourself, your work, and your issues of interest and expertise.

Through letters, emails, and meetings in the district, state, and Washington, DC, offices, you can get to know your legislators or often more importantly their staff. A GSA member can be a valued resource for information on health and aging. When the time comes that you want to discuss a piece of legislation or current public policy issue that affects your area of research, you will already have a relationship established.

These congressional staff are young, old, and everything in between. They are usually well-educated and/or full of real-world experience. Some plan to stay for their entire careers, and others are there to make a name for themselves and parlay that into big client retainers or partnerships in firms on K Street.

Many will grow weary of the long hours and modest pay and choose to work for advocacy or professional organizations in their fields, which abound here in DC. Regardless, they are now in positions to change federal policy, and during the last few weeks they have changed thousands of policies and spent trillions of dollars to address the pandemic.

I have found that many of the staff we worked with on the OAA reauthorization, H.R. 4334, the Supporting Older Americans Act of 2020, which was signed by the president on March 25, had educational backgrounds like many of ours.

For example, staff that GSA Vice President of Professional Affairs Patricia “Trish” D’Antonio and I worked with directly had degrees in public health, sociology, social work, bioethics, data analytics, mental health, biostatistics, urban studies, dietetics, and global health. They were both knowledgeable and committed to doing the best policy for older adults, so the questions and requests were on point — and there were many.

Each member of Congress has a professional staff in Washington, DC, and in the district offices. There are also committee staff who play major roles in the congressional office. GSA members who have had the honor of testifying before Congress would likely have worked with committee staff. Committee staff select hearing topics, invite witnesses, write opening statements, and develop questions for the witnesses on behalf of their member of Congress. Committee staffers often develop in-depth knowledge about highly complex legislation and policies. Committees often make use of fellows with specialized education and experience, such as participants in the Health and Aging Policy Fellows Program.

In a member’s personal office, staff do everything from driving the member to events, to scheduling appointments, tracking and writing legislation, and making various recommendations on the politics, policy, and process that we always are discussing in this column. Staff are quite stretched, so this gives us an opportunity to be a consistent resource for concise, credible, and compelling information that can make their work easier and make the Member of Congress look well-informed. These relationships have been known to last for decades.

GSA was a strong advocate for OAA reauthorization; it contributed language in the final bill and worked with other stakeholder organizations on several provisions, which include a new research, evaluation, and demonstration center for the Administration on Aging with a designated director.

## Recognizing Our Capitol Hill Staff Partners

Finally, I am going to mention a few staff members (since they likely won’t see my column) who I believe are truly making a difference in the lives of millions of older Americans and for a range of programs in their portfolios.

They also know that facts matter and appreciate the kind of information and analysis that GSA members provide to policymakers. (And one of them is a GSA member! Thank you to all the staff for their long hours and dedication, and particularly to Ali Hard and Carrie Hughes of the House Education & Labor Committee; Sarah Khasawinah and Samantha Koehler of the Senate Special Committee on Aging; Maddie Pannell, Garrett Devenney, and Britt Weinstock of the Senate Health, Education, Labor, and Pensions Committee; and Kripa Sreepada with Senator Tina Smith’s office. These staff helped to make some of your ideas and innovations become policy realities in the OAA reauthorization.

and, in turn, older adults. I appreciate the Task Force members' willingness to make this a priority during this tension-filled period.

Additionally, we have appointed a COVID-19 response director on the GSA staff. Director of Strategic Alliances Elizabeth Sobczyk will serve as the lead individual for coordinating work across GSA operating units and shepherding pandemic-related projects through the development process.

### Fostering Online Collaboration

We have also created a special [COVID-19 community](#) on the GSA Connect online networking platform. All members have access and can contribute by going to [connect.geron.org](http://connect.geron.org) or following the daily digest emails generated by the forum. The discussions there have been robust and it's heartening to see so many members talking about ways they can contribute to solutions to the challenges brought about by COVID-19.

Similarly, we've opened up access to all section forums on GSA Connect, including the Academy for Gerontology in Higher Education (AGHE) community. Our members there are sharing tips for online teaching as many of us are transitioning to virtual classrooms. Members are sharing state plans for providing additional resources to reach isolated older adults.

And AGHE members spearheading the Age-Friendly University (AFU) initiative have also been working on ways AFUs can address the needs of older adults in times of crisis.

### Advancing Advocacy for Key Aging Issues

On the advocacy front, GSA is operating in high gear. Under the direction of Vice President for Professional Affairs Patricia D'Antonio, we have coordinated and signed on to several letters directed to the White House and Capitol Hill to ensure that the aging community is represented in policy responses to the pandemic.

GSA signed on to a letter to congressional leaders from the Leadership Council of Aging Organizations (LCAO) in support of Families First Coronavirus Response Act; a letter to congressional leaders from UsAgainstAlzheimer's and Leaders Engaged on Alzheimer's Disease requesting paid family leave protection for working caregivers of older adults be included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act; a letter to the White House Coronavirus Task Force regarding the needs of low-income housing organizations and tenants, which requests expanded hardship exemptions and forbearance agreements for residents economically displaced by COVID-19; and a letter to both congressional leaders and the White House Coronavirus Task Force to immediately implement measures to ensure access and continuation of mental health and substance use services to all individuals during the COVID-19 response and during future public health emergencies.

Working with the Adult Vaccine Access Coalition, GSA led the development of a letter to congressional leaders in support of the Protecting Seniors Through Immunization Act.

And GSA signed on to a letter initiated by the Trust for America's Health that will be sent to congressional offices, the White House, the Centers for Disease Control and Prevention, and the Department of Health and Human Services. It identifies opportunities for cross-sector collaboration to improve older adult health and well-being, which should be unified and scaled to help hospitals, nursing homes, public health systems, aging services organizations, and home care agencies protect the health of older adults.

Further, GSA Policy Advisor Brian Lindberg has established a COVID-19 task force within the Leadership Council of Aging Organizations (LCAO), with D'Antonio joining him. (The LCAO is a coalition of more than 60 aging nonprofits, of which GSA is a founding member.)

We are also communicating directly with other aging and health-focused organizations to collaborate on ways to amplify our impact in confronting this crisis.

### Supporting GSA Scholars

GSA's peer-reviewed journals have started receiving submissions of articles related to COVID-19. Consider [submitting your work to one of our titles](#). The editors-in-chief of *The Journals of Gerontology, Series A: Biological Sciences* are already leading the way with the [publication of an editorial](#).

The other main vehicle for the sharing of science is our Annual Scientific Meeting. Even as our 2020 abstract deadline coincided with office/school closures and transitions to telework, we received submissions that surpassed last year's numbers — and from a noteworthy 42 countries. Our call for late breaker posters will open in July. While we will continue to monitor the guidance from the World Health Organization and the U.S. Centers for Disease Control and Prevention, we are proceeding with all work in planning for November in Philadelphia. With several spring aging-related meetings already cancelled, there will be a thirst for the latest aging research.

### Fighting Ageist Attitudes Laid Bare in COVID-19 Pandemic

As CEO James Appleby stated in [a recent blog](#) and in his column on page 2, we as GSA members may be called upon to publicly address issues related to older adults, and it's important to keep in mind the principles of the [Reframing Aging Initiative](#), which is housed at GSA. This research-based initiative has yielded vital tools that can help us amplify values of justice, inclusion, and interdependence. They provide an alternative to us-vs-them framing, which can evoke fear, inflame prejudices, and drive hostility. James also shares that we are now providing free access to a separate tool called [Ageism First Aid](#), which encourages the use of positive aging-related language in many of our professions.

### Recognizing Members' Meaningful Work

Our careers in the aging field have prepared us to take on the unknown, to solve problems, and to find innovative ways to improve the lives of older adults across the life course. It's true for all the disciplines that constitute GSA's membership.

I and others have devoted our work to emergency preparedness and lessening the impact of disasters on older adults. Many of you have researched the impact of social isolation and food insecurity, and you know what steps we can take to mitigate it. GSA's behavioral science experts understand the psychological and mental health-related issues caused by this pandemic. Those studying geroscience know that by targeting the biology of aging, we can slow the onset of multiple age-related conditions. GSA's clinical scientists are developing medical as well as nonmedical interventions to improve the lives of aging adults. And GSA members across disciplines and research interests are involved in providing healthcare, support, and direct services to older adults.

In times of great disruption, we also see great resolve. GSA members have always promoted a spirit of resilience and adaptability. Thank you for everything you are doing to address this pandemic in your communities and institutions. We will weather this together.

## 'If I knew then what I know now ...'

*By Shelbie G. Turner, MPH*

To ease the transition into life as a PhD student, my doctoral program offers a weekly seminar for all first year students. A way to welcome the first year cohort, the seminar is a structured time for new students to collectively learn the ins and outs of the program.

As a part of the seminar, our program's professors take turns coming to chat with us. Many of us are familiar with the professors who will mentor us closely — they are a reason why we chose the program in the first place. The seminar allows us to also get to know the professors who won't teach one of our courses or eventually land on our committees. We learn about their career trajectories and their current projects. And, importantly, we get to ask a lot of questions.

A couple of weeks into my own first year, I found myself asking that week's visiting professor if he could go back in time to sit where we were sitting — in his first semester as a Ph.D. student — what would he tell himself? His answer stuck with me and from then on, I thought it would be valuable to ask each rotating professor the same question. I was amazed at their rich answers that spanned from how to navigate writing an empirical manuscript to how to navigate life decisions. By asking what advice they would give their past selves, rather than what advice they would give us, I gained unique, personal insights that I carried with me as I moved forward in the program.

When I was trying to decide what to write for this article, I thought it would be valuable to offer leaders in our field the opportunity to share something similar with ESPO members. So, I got in touch with several GSA fellows and asked them to answer the following question: "As a senior scholar in the field, what is one thing you know now that you wish you knew as an emerging scholar?" Here are their answers:

"I wish I had known to put my writings out there for feedback faster and more continuously. I enjoyed the project development stage more than the processes involved in tying the project together, so missed publishing findings because I was on to the next project. I had to learn to protect writing time, attend to the important and not always the urgent, and deeply value the review process in helping me refine my work."

— Sara Qualls, PhD, FGSA

"Learn how to seek and take advice from multiple sources - friend and foe alike. Keeps you grounded and you learn a lot. Then be sure to pass it on when you are senior."

— Toni Antonucci, PhD, FGSA

"The one thing that I would have liked to know better before is that science is all about collaboration,

togetherness, and generosity in giving one's best ideas away, because there are always more and new ideas. Being first may feel more important than it turns out to be in the end. We all know quite well, who has been the second man on the moon."

— Frieder Lang, PhD, FGSA

"Science is a team sport. Collaborations with scientific peers not only broaden our personal horizons, but also give us the opportunity to develop concerted ideas for a better future at the societal level."

— Susanne Wurm, PhD, FGSA

"My insight has to do with the value of learning about and practicing effective negotiation skills. Negotiating on one's own behalf and negotiating on behalf of others (students, clients, colleagues, constituents, relatives, etc.) are required frequently in both public and private life. Having the skills to create outcomes that are beneficial for all, including 'creative compromise' approaches (the opposite of "win-lose" strategies), is crucial to success and satisfaction."

— Rosemary Blieszner, PhD, FGSA

"Enjoy each stage of your career fully. Don't postpone living until you have reached a future career success, because there is always more to achieve."

— Monika Ardel, PhD, FGSA

"I now appreciate how many directions my early research was able to take me – just keep following your best science and your career will evolve in wonderful ways that you could not have initially imagined."

— Elsa Strotmeyer, PhD, MPH, FGSA

Overall, for me, their thoughts reinforce the importance of collaboration — of being eager to get feedback from others, excited to exchange ideas with others, and earnest in supporting others. Doing so is important not just for our own career trajectories, but for the development of our field.

Writing this article reminded me how much I learn by asking people to share what they needed to hear most when they were in the stage I am in now. The responses here are from just a small group of scholars in our field. As I continue expanding my network, I plan to continue asking similar types of questions. I hope you will, too, and that this article gives you a new, unique way of seeking advice from your own mentors.



## GSA Connect: Pathway to Successful Aging?

By Carrie Andreoletti, PhD

We all know that challenging ourselves and learning new things is good for us, yet when it comes to learning one more internet platform, we often resist. Google Docs, One Drive, Dropbox, LinkedIn, Facebook, Twitter, and the list goes on and on. So how can I convince you to start using the online networking platform GSA Connect?

Although GSA Connect may seem to have a steep learning curve at first, once you learn its quirks (like clicking on the folder icon when you enter a library to more easily see all of the library contents), you will find that it not as complicated as you might think.

GSA Connect allows you to join different interest groups and communities each with their own discussion boards and libraries. (I hope you are all members of the AGHE Community). Once you have joined the communities and groups in which you are interested, you can easily access discussions and library resources by logging into GSA Connect and going to "My Communities."

You will also receive a summary email whenever there is a new post in one of your groups or communities. Although you need to log on to GSA Connect to start a new discussion, you can easily respond to ongoing discussions right from your email. There is no need to save these emails since everything is stored on GSA Connect.

GSA Connect is a great place for interest groups to archive

documents and resources easily accessible to anyone who joins the group. For example, the Intergenerational Learning, Research, and Community Engagement Interest Group has created a folder in our library for sharing resources and has archived presentations and resource materials from the 2018 AGHE Teaching Institute, "Intergenerational Experiential Learning in the Classroom and Online: Successful Models from Simple to Complex."

In addition to developing our library, we are encouraging members to get to know one another by introducing themselves and sharing a little bit about what brings them to the group. There are many other creative ways GSA and AGHE members can stay connected through the year via GSA Connect.

What does this have to do with successful aging? Social connection and a sense of purpose and mastery are considered important components of maintaining health and wellbeing across the lifespan, key ingredients for successful aging. Not only is GSA Connect a great way to foster social connections with colleagues across the globe who share your passions and interests, it can also contribute to a sense of mastery once you learn to navigate the platform!

Although I can't guarantee successful aging via GSA Connect, I can promise you the challenge of learning something new! If you need help, start here: <http://connect.geron.org/faq>.

### *Continued from page 1 – OAA Reauthorized with GSA-Recommended Language Intact*

ability to choose where they want to age. Empowering persons over the age of 60 to stay in their communities, OAA programs have also delayed or prevented the need for more expensive institutional care for many older adults, which is often paid for through Medicare or Medicaid.

The OAA reauthorization includes a number of enhancements that GSA recommended to Congress, which include:

- Annual increases in the authorized funding levels; specifically, increases for core programs by seven percent in year one and six percent in subsequent years.
- Inclusion of a robust new research and demonstration authority for the Administration on Aging, and the creation of a center focused on promoting and coordinating research and evaluation activities to enhance performance, develop new models, and produce data-driven assessments of the value of the OAA programs.
- Recognition of the challenges of social isolation and loneliness, which research indicates has a profound impact on the health and well-being of older adults.
- Expansion of the definition of disease prevention and health promotion services to include screening of an individual's immunization status; and expansion of evidence-based health

promotion programs to include infectious disease and vaccine-preventable disease.

- Extension of the RAISE Family Caregiving Advisory Council.

In 2019, GSA worked with the House Subcommittee on Civil Rights and Human Services, the Senate Special Committee on Aging, and the Senate Committee on Health, Education, Labor and Pensions on language to revitalize the OAA's research, evaluation, and demonstration activities. GSA further collaborated with several partners — the National Council on Aging, National Association of Area Agencies on Aging, and ADvancing Age — to advocate for the inclusion of increased pilots and demonstration projects that could be developed into scalable, evidence-based programs.

"The stability that a finalized and current OAA reauthorization provides is critical to ensuring that the millions of older adults and caregivers served by the OAA can continue to live with dignity and independence in their homes and communities for as long as possible," Appleby said.

The OAA was signed into law by President Lyndon Johnson on July 14, 1965. It was last reauthorized in 2016. GSA and its members have historically supported and been a part of researching, evaluating, and serving as a resource on the OAA and its network of service providers.



## GSA Unveils 75th Anniversary Journal Collection

GSA is turning 75 in 2020. To recognize this milestone, the Society is celebrating the collective accomplishments of members that have strengthened the field of aging — through GSA journals, meetings, programming, advocacy, and policy efforts. To honor the continuing impact of its journal content, GSA will be featuring new articles throughout the year that are related to the anniversary theme, “Honor the Past, Enrich the Future”. To view the collection to date, visit <https://academic.oup.com/gsa/pages/75th-anniversary>.

## Sign Up for Journal Alerts Delivered to Your Inbox

Stay up to date on the latest research from The Gerontological Society of America with content alerts delivered via email. Register at <https://academic.oup.com/my-account/register> for a free Oxford Academic account to create custom email alerts from *The Gerontologist*, *The Journals of Gerontology, Series A* and *Series B*, *Public Policy & Aging Report*, and *Innovation in Aging*. Once logged in, select “Email alerts” from your account drop down menu.

## Wealth Adds Nine Years to “Healthy” Life Expectancy

The wealthiest men and women can expect to live an additional eight to nine years free from disability compared to people in the poorest groups, according to new research led at UCL in London, U.K.

The study, published *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, analyzed data from 10,754 and 14,803 adults aged 50 and over from the English Longitudinal Study of Ageing and the U.S. Health and Retirement Study, respectively.

The researchers set out to examine how long people in England and the U.S. can expect to live free from disabilities such as being unable to get in and out of bed or unable to cook for themselves, and to what extent socioeconomic factors play a part. Data was collected from study participants in 2002 and they were followed for a period of 10 years until 2013.

The researchers found that socioeconomic inequalities in disability-free life expectancy were similar across all ages in England and the US but the biggest socioeconomic advantage in both countries and across all age groups was wealth.

“While life expectancy is a useful indicator of health, the quality of life as we get older is also crucial. By measuring healthy life expectancy we can get an estimate of the number of years of life spent in favourable states of health or without disability,” said lead author Paola Zaninotto, PhD, of UCL. “Our study makes a unique contribution to understanding the levels of inequalities in health expectancies between England and the US where healthcare systems are very different.”

In both countries, people in the study were divided into three groups (i.e. each containing 33 percent of the sample) based on total household wealth (the sum of net financial wealth and net housing wealth minus all debts) and comparisons were made between the richest and least wealthy groups.

The papers shows that at age 50 the wealthiest men in England and the U.S. lived around an additional 31 “healthy” years compared

to around 22 to 23 years for those in the poorest wealth groups. Women from the wealthiest groups from the U.S. and England lived around an additional 33 “healthy” compared to 24.6 and 24 years from the poorest wealth groups in England the U.S., respectively.

Zaninotto added, “We know that improving both the quality and the quantity of years that individuals are expected to live has implications for public expenditure on health, income, long-term care of older people and work participation and our results suggest that policy makers in both England and the US must make greater efforts into reducing health inequalities.”

The authors comprised of an international team of researchers from UCL and Swansea University in the U.K., University of Turku and the National Institute for Health and Welfare in Finland, Harvard University in the U.S., Inserm in France, and Stockholm University in Sweden. The article is titled “Socioeconomic Inequalities in Disability-free Life Expectancy in Older People from England and the United States: A Cross-national Population-Based Study.”

The English Longitudinal Study of Ageing is supported by the National Institute on Aging and a consortium of the U.K. government departments coordinated by the National Institute for Health Research. The Health and Retirement Study is supported by the National Institute on Aging.



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### Monday, May 18, 2019 | 1pm-2pm EST:

Presenter: Donald Edmondson, PhD, MPH, Columbia University  
Irving Medical Center  
*The Role of Mechanism Discovery and Targeting in the NIH Stage Model*

### Monday, June 22, 2019 | 1pm-2pm, EST:

Presenter: Predrag Klasnja, PhD, University of Michigan  
TBD

The TRIPLL webinar series is a web-based training resource for health professionals, researchers, and others with interest (or working) in the aging field.

Please visit our website at [www.tripll.org](http://www.tripll.org) for more information  
or contact Jacquie Howard at [jah3011@med.cornell.edu](mailto:jah3011@med.cornell.edu)

# funding opportunities

## NIH Issues Guidance for Supported Researchers Affected by COVID-19

The National Institutes of Health (NIH) has published a list of flexibilities available to NIH applicants and recipients where the entity is conducting research activities related to or affected by COVID-19. Affected entities are those that have been closed, or business activities have been hindered due to COVID-19 precautionary measures and/or illnesses. Entities that are affected will be asked to provide documentation to NIH describing the effects, and how long their facility and NIH related research, clinical practices, or instruction was and/or will be affected. Visit <https://bit.ly/3dnJnsR> for full details.

## NIA to Support New National Alzheimer's Coordinating Center

The National Institute on Aging (NIA) is inviting applications for a National Alzheimer's Coordinating Center whose purpose is to serve NIA and the Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD) field—as a national data resource, collecting data from the Alzheimer's Disease Research Centers, affiliated data, and sample repositories; as a facilitator of current and future AD/ADRD research; and as the central hub for organizing and enabling communication within and outside the ADRC program, including annual meetings and steering committees. Letters of intent are due May 17 and applications are due June 17. View the full announcement at <https://bit.ly/3cBItZA>.

## RRF Accepting Applications, Identifies New Priority Areas

RRF Foundation for Aging (formerly The Retirement Research Foundation) is accepting proposal applications for its next grant cycle. The deadline is May 1. RRF recently completed a strategic

planning process that focuses its grantmaking on four priority areas: caregiving, economic security in later life, housing, and social and intergenerational connectedness.

While the priority areas reflect RRF's primary funding interests, the foundation will remain open to considering compelling applications on other topics. The foundation continues to support advocacy, direct service, professional education/training, research, and organizational capacity building efforts. Proposals for direct service projects are considered from organizations based in Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects, all with national relevance, are considered from organizations in any state. Organizational capacity building requests are accepted from nonprofits located in Illinois. Visit [www.rrf.org](http://www.rrf.org) for full details.

## Federal Funds Slated for Aging-Related Heterochronic Blood Exchange Research

The National Institute on Aging has issued a funding opportunity announcement that will support research on aspects of rejuvenation and accelerated aging observed specifically in heterochronic blood exchange experiments. The objectives are to identify the multiple factors involved, the multiple cell types involved, and the mechanisms underlying rejuvenation or accelerated aging that are observed in the transfer of phenotypes between young and old laboratory animals. It is also anticipated that molecular signatures of rejuvenation or accelerated aging will be obtained from research supported under this funding opportunity. Letters of intent are due May 17 and applications are due June 17. Additional details can be found at <https://bit.ly/2v2kbXI>.

# new resources

## GSA Prepares COVID-19 Resource Page with Social Distancing Guide

GSA has compiled a list of online resources on addressing the COVID-19 pandemic, including a new social distancing guide from the GSA National Adult Vaccination Program (NAVVP), and reports on the development of a vaccine in the March issue of the NAVP Newsletter. Visit [www.geron.org/covid19](http://www.geron.org/covid19). Further, all members have been added to a new COVID-19 Community on the GSA Connect online networking platform, which will serve as a dedicated location for resources, discussion and collaboration.

## Report Addresses Disasters' Effects on Older Adults

The American Red Cross and the American Academy of Nursing have released a new white paper, "Closing the Gaps: Advancing Disaster

Preparedness, Response and Recovery for Older Adults." It presents research showing that older adults are more vulnerable and experience more casualties after natural disasters compared to other age groups.

This report outlines 25 evidence informed recommendations that target six emergency management domains: Individuals and Caregivers; Community-Based Services and Programs; Health Care Professionals and Emergency Response Personnel; Care Institutions and Organizations; Legislations and Policy; and Research.

GSA endorsed this white paper. Member Wanda Raby Spurlock, DNS, RN-BC, CNE, FNGNA, ANEF, FAAN, served as co-chair of the project. Members who served as expert contributors included Jane Carmody, DNP, MBA, RN, Mattia J. Gilmartin, PhD, RN, Kathryn Hyer, PhD, MPP, and Joanne Lynn, MD, MA, MS,

Visit [rdcrss.org/2PUo3RG](http://rdcrss.org/2PUo3RG) to view the report.

# funding opportunities

## NIA Will Establish Resource Networks for Protein Polymorphisms in AD/ADRD

The National Institute on Aging is inviting applications aiming to establish several mis-folded protein polymorphisms resource networks in the area of Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD). The central goal of these resource networks is to standardize and distribute seed, oligomers, and fibrils to other investigators in order to clarify and improve the reproducibility of experiments in AD/ADRD.

For the past several years, many studies have developed assays and reagents to understand the biophysical properties of various tau and A $\beta$  structural variants such as oligomers, protofibrils, and fibrils. As a result, many imaging, chemical, and immunological tools have been developed to detect different types of A $\beta$  and tau polymorphs. Establishing standards, understanding the pathological roles of these protein polymorphs, and using newly developed analytic tools to address the direct correlation between patient-to-patient variations in A $\beta$  and tau polymorphs are the long-term goals of the resource networks supported by this announcement. Letters

of intent are due May 17 and applications are due June 17. Read the full details at <https://bit.ly/2SJNBCT>.

## CDC Announces Grants To Support BOLD Alzheimer's Act

The U.S. Centers for Disease Control and Prevention (CDC) has issued two funding opportunities to fulfill the aim of the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act that nationally implement the "Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018–2023 Road Map" and "Road Map for Indian Country." The first will establish Public Health Centers of Excellence on Dementia Risk Reduction, Early Detection of Dementia, and Dementia Caregiving. (See <https://bit.ly/2yfoksp>.) The second will fund health departments of states, political subdivisions of states, Indian tribes, and tribal organizations to develop systematic approaches to improve the public health approach to Alzheimer's disease and related dementias. (See <https://bit.ly/3bCDhmM>.) The closing date for both applications is May 26.

## *Continued from page 2 – Expertise Redux — When the Going Gets Tough, Expertise Shines*

Ageism First Aid ([www.ageismfirstaid.org](http://www.ageismfirstaid.org)). It serves as a related resource for the Reframing Aging Initiative. It was designed for a broad audience to help change the common negative misconceptions and myths about aging by replacing them with facts that we hope will become common knowledge. The course supports factual conversations about aging and encourages widespread use of positive aging-related language in the health and helping professions — those who interact with older people daily.

The Ageism First Aid project was initially funded by a grant from the RRF Foundation for Aging through GSA's Academy for Gerontology in Higher Education (AGHE) section. It was conceived by Laurinda Reynolds and developed with the support of many member-faculty. The project has already attracted media attention, with a major article appearing in *Forbes* in February. To support

members who have newly transitioned to distance teaching for the balance of the semester, GSA is opening access to this online training program for the next several months. I encourage you to explore this resource as it might be of value for your virtual classroom activities.

Lastly, following up on the Society-wide email I sent with President Kathryn Hyer on March 14, I want to reiterate my deep appreciation for the work GSA members are doing right now. I am grateful for all you are undertaking at your institutions and in your communities to address the COVID-19 crisis. Many of you are on the front lines providing healthcare, support, or direct services to older adults. Thank you for your service.

Sincerely,

*James*

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