

gerontology news

The Gerontological Society of America®

July 2020

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Honor the Past

GSA75 YEARS *Enrich THE FUTURE*

Key Moment in History

1974: GSA plays a major role in the development of the National Institute on Aging. The late former GSA President Robert Binstock, PhD, FGSA, detailed GSA's involvement in a 2010 *Gerontology News* article available [online](#).

Haven't Heard from Us Lately?

With many GSA members shifting to work from home environments and a high demand for virtual collaboration GSA wants to ensure you can continue to access all your member benefits. In order to stay informed and connected, you can update your member profile information. Please be sure to update your name, designation, email address, mailing address, and phone number, since these are the primary ways GSA stays connected to you. You may also update your demographic data at the same time which assists GSA with future planning and program development. Update your contact information by logging into your member account at www.geron.org.

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America's Political Future Will Be Shaped by Aging, Journal Indicates

The latest issue of the GSA's journal *Public Policy & Aging Report (PP&AR)* shows how aging is reshaping politics today in unprecedented ways, and how it will continue to do so for years to come.

Titled "[Building Momentum for a New Future in Politics and Aging](#)," the journal highlights existing studies as well as recommended areas for further research.

"Here, we see how equal amounts of policy progress and stagnation, as well as changing cultural views on aging, are fueling social, economic, and political changes in ways both expected and not," wrote *PP&AR* Associate Editor Michael Lepore, PhD, in his introduction. "Some of these societal changes raise concerns about limitations in current



and future generations' abilities to live well into old age, at younger ages with disabilities, and as caregivers, whereas other shifts, like evolving cultural views on aging, nurture a more

intergenerationally just society."

Among the seven articles that follow, the journal offers insight into major trends in the politics of aging; how generational political

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Aging Services Can Curb Social Isolation Due to COVID-19, Member Tells Senate

Speaking at a June 11 hearing of the U.S. Senate Special Committee on Aging, University of Nevada, Reno School of Medicine Professor Peter S. Reed, PhD, MPH, FGSA, told lawmakers about a new statewide coordinated aging services effort in Nevada to enable older adults to stay home and stay safe while maintaining access to essentials of everyday life, health care, and social engagement.

Senators convened the hearing, titled "[Combating Social Isolation and Loneliness During the COVID-19 Pandemic](#)," to investigate the growing isolation and loneliness older adults across the country are experiencing due to COVID-19 and explore what can be done to better assist this population.

Reed is the director of the Sanford Center for Aging at the University of Nevada, Reno School of Medicine and a professor of community health sciences, as well as a fellow of The Gerontological Society of America (GSA). [His](#)



Reed

[testimony](#) focused on the recent launch of Nevada CAN, or the Nevada COVID-19 Aging Network Rapid Response. It is intended to identify and respond to older adult needs by targeting three priority focus areas: essentials

of daily life such as food and medication, telehealth services, and social support.

Reed shared the successful outcomes of one Nevada CAN program, the NEST Collaborative, which stands for Nevada Ensures Support Together and is led by another GSA member, Jennifer Carson, PhD, who serves as director of the Dementia Engagement, Education and Research Program in the University of Nevada, Reno School of Community Health Sciences. The NEST Collaborative is a volunteer mobilization to

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From the CEO



Pandemic Underscores Need for Action on Social Isolation, Family Caregiving

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

While we've all been responding to immediate personal and professional challenges as a result of disruptions due to COVID-19, it can be overwhelming to keep up with the many other developments and new resources released in the aging field. GSA has done its best to keep members apprised of new materials that respond to the pandemic via [its website](#) and biweekly emails. But what about items that don't address COVID-19 specifically?

There are two recent seminal reports that should be on every GSA member's radar: "[Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System](#)" from the National Academies of Sciences, Engineering, and Medicine and "[Caregiving in the U.S. 2020](#)" from the National Alliance for Caregiving (NAC) and AARP. It should also be acknowledged that many members — too many to name here — played key roles in producing these reports. (In the interests of full disclosure, I additionally note that I serve on the NAC Board of Directors.)

The reports are especially relevant now because of the burden that the COVID-19 pandemic is placing on caregivers and the social isolation that has resulted from people observing measures of physical distancing.

The study behind the National Academies report was supported by the AARP Foundation, which has long been a champion for reducing social isolation. (GSA is a proud partner with the AARP Foundation on the Connect2Affect initiative.) The report confirms that social isolation and loneliness are serious yet underappreciated public health risks — nearly one in four community-dwelling older adults are socially isolated. It explains how health care providers can identify older adults lacking social connection, and how the American health care system is poised to develop methods that identify social isolation and loneliness in health care settings.

The report also outlines five goals that the health care system should adopt

to help address the health impacts of social isolation and loneliness. It offers recommendations for strengthening health workforce education and training, leveraging digital health and health technology, improving community partnerships, and funding research in understudied areas.

The AARP/NAC caregiving report was produced with support from a broad coalition of partners: AARP, Best Buy Health Inc., EMD Serono Inc., Home Instead Senior Care, TechWerks, The Gordon and Betty Moore Foundation, The John A. Hartford Foundation, Transamerica Institute, and UnitedHealthcare. This study behind the report is the latest in a series released roughly every five years.

It focuses on family caregivers of adults, revealing that family caregivers are in worse health compared to five years ago, and that personal finances are a concern: 28 percent of family caregivers have stopped saving and 23 percent have taken on more debt. The new study also found that the number of family caregivers in the U.S. increased by 9.5 million from 2015 to 2020 to total 53 million people, and encompasses more than one in five Americans. As the demand for caregiving increases, there is an opportunity for the public and private sectors to work together to develop solutions to support family caregivers and those under their care.

Hard work went into the production of these reports, but the harder part is to sustain systemic action on these issues. We do, however, have a new stark reminder of the enormous impact of these issues to provide us renewed motivation. In the face of COVID-19, we are reminded how much value social connections bring to our lives and how much we rely on our family members and other loved ones to maintain our well-being and vice-versa.

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member news

In Memoriam

James A. Thorson, PhD, FGSA, passed away on May 23 at age 73. He was a professor in the Department of Gerontology at the University of Nebraska at Omaha from July 1977 up until his retirement in July 2010; he served as department chair for 27 years. In addition to his texts on social gerontology, geriatric respiratory care, and spirituality, he was known for his Multidimensional Sense of Humor Scale, which has been translated into 18 different languages.

New Books by Members

- "Downsizing: Confronting Our Possessions in Later Life," by David J. Ekerdt, PhD, FGSA. Published by Columbia University Press, 2020.
- "Age Later: Health Span, Life Span, and the New Science of Longevity," by Nir Barzilai, MD. Published by St. Martin's Press, 2020.

Members in the News

- On April 2, Carole Cox, MSW, PhD, FGSA, was interviewed by Spectrum TV's NY 1 on the topic of older adults facing loneliness when sheltering in place.
- Karl Pillemer, PhD, FGSA, and Mark S. Lachs, MD, MPH, authored a May 1 op-ed in The Hill titled "Want to slash coronavirus deaths? Start (really) caring about long term care."
- David Dosa, MD, was mentioned in a May 12 article in Kaiser Health News titled "New guidelines for protecting residents cover airborne transmission protocol."
- On May 19, Jason Crandall was featured in a WKU Public Radio story titled "'Bingocize' Adapting to Social Distancing of COVID-19."
- On May 20, Heidi Ewen, PhD, FGSA, FAGHE, was quoted in an IndyStar article titled "'I'm not being given a choice': As Indiana reopens, the most vulnerable hold their breath."
- Kathryn Hyer, MPP, PhD, FGSA, was quoted in a June 9 National Geographic article titled "For dementia patients and their families, isolation during the pandemic is a heavy burden."
- On June 16, U.S News & World Report published an op-ed co-authored by Nir Barzilai, MD, titled "Fight the Coronavirus by Defending the Host."
- Stephen Golant, PhD, FGSA, was quoted in a June 17 ESPN.com article titled "How ESPYS honoree Kim Clavel left boxing for nursing when coronavirus hit and emerged even stronger."

Colleague Connection

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

Laura Bouchard, MS

The recipient, who became eligible after referring new member **Michael Pessman, MA**, was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on:

Laura Haynes, PhD

Solimeo Assumes Directorship of Veterans Rural Health Resource Center

Samantha Solimeo, PhD, MPH, has recently accepted the position of co-director of the Veterans Rural Health Resource Center-Iowa City (VRHRC-IC), located at the Iowa City VA Health Care System in Iowa City, Iowa. The VRHRC-IC is one of five national centers supported by the Department of Veterans Affairs Office of Rural Health that serve as hubs of rural health care research, innovation, and dissemination. The VRHRC-IC supports more than 30 initiatives developing or providing accessible care to rural Veterans across the country.

Appleby Joins NAC Board

GSA CEO James Appleby, BSPHarm, MPH, ScD (Hon), has been elected to serve on the Board of Directors for the National Alliance for Caregiving (NAC), which conducts research, does policy analysis, develops national best-practice programs, and works to increase public awareness of family caregiving issues. NAC also provides technical assistance to a national network of caregiving coalitions representing nearly 30 states and localities in the U.S., and serves as founder and secretariat for the International Alliance of Carer Organizations. The NAC Board of Directors consists of nonprofit, corporate, and academic leaders committed to improving the lives of family caregivers across the lifespan.

Montepare Represents AFU Initiative at Virtual U.N. Event

In early April, the Global Ageing Network co-sponsored Pass It On Network's United Nations (UN) side event. The focus innovations in "Lifelong Learning and Earning," with attendees sharing and exploring ways in which older adults can gain access to the labor market. Joann Montepare, PhD, FGSA, FAGHE, from Lasalle University, discussed the tenets of the Age-Friendly University (AFU) initiative; its role in higher education; its wide-ranging benefits from students to industries; and common hurdles to embracing/establishing the AFU model.

Kahana Earns Who's Who Distinction

Marquis Who's Who has presented Eva Kahana, PhD, FGSA, FAGHE, with the Albert Nelson Marquis Lifetime Achievement Award. Individuals profiled are selected on factors such as position, noteworthy accomplishments, visibility, and prominence in a field are all taken into account during the selection process. Kahana is a Distinguished University Professor and the Pierce T. and Elizabeth D. Robson Professor of the Humanities at Case Western Reserve University. She holds joint appointments in nursing, applied social sciences, and medicine. She has been engaged in a program of research related to understanding how older adults cope with a broad spectrum of stressors ranging from increasing frailty to relocation, institutionalization and surviving trauma in their lives. She is a previous recipient of GSA's M. Powell Lawton Award, Distinguished Mentorship in Gerontology Award, and Distinguished Career Contribution in Gerontology Award, as well as the Mathilda Riley Distinguished Scholar Award from the American Sociological Association.

Where Are We on RAISE?

Congress's response to the COVID-19 pandemic moves forward but at a much slower pace these days. Given all the recent legislative and regulatory action around the pandemic, I thought that this column could be a vehicle to bring some focus back to caregiving and the RAISE (Recognize, Assist, Include, Support, and Engage) Family Caregiving Advisory Council's progress.

Now I probably don't need to mention GSA's credentials on the issue of caregiving, but frankly I want to because it is one of our impressive and successful forays into linking our research and academic deeds with policy development and policy-making innovation.

GSA and/or its members played a major role on the National Academies of Sciences, Engineering, and Medicine's committee that wrote the report "Families Caring for an Aging America"; broadly disseminated the report with support from The John A. Hartford Foundation; brought together six members of the House for a briefing, "Congressional Stories of Family Caregiving," to highlight their personal caregiving stories; expanded the public knowledge of the issue through its Annual Scientific Meetings, Policy Series, and multiple publications such as the *Public Policy & Aging Report* and a supplemental issue of *The Gerontologist* titled "[Advancing Family Caregiving Research](#)"; testified before congressional committees; advocated for the RAISE Family Caregivers Act (and its extension), the caregiver provisions in the Older Americans Act reauthorization and CARES Act; and currently serve on the RAISE Advisory Council.

The RAISE Act became law in January 2018 with the goal of developing a national family caregiving strategy and included the creation of the advisory council, with the Administration for Community Living as the lead agency.

Advisory panels, commissions, committees, task forces, boards, councils, or whatever their official names may be, are used by Congress and the Executive Branch to address issues where — for various reasons — public input, stakeholder ideas and advice, expertise, and recommendations are perceived to be beneficial or have the potential to reduce controversy.

Although the current administration has tried to end many Executive Branch advisory panels, there are still hundreds functioning and following rules on open meetings, records, access, and reporting as outlined in the Federal Advisory Committee Act. All are not created equal and the quality and evenhandedness of the work varies; some have been stacked with industry stakeholders. It appears, however, at this stage and as a non-partisan issue, the RAISE Family Caregiver Advisory Council is moving forward smoothly, hopefully toward much needed consensus and recommendations for action to address

the incredible and often complex challenges faced by millions of family caregivers.

The John A. Hartford Foundation has provided a grant to the National Academy for State Health Policy to support the efforts of the council and its members with the RAISE Act Family Caregiver Resource and Dissemination Center. They are playing an integral role in almost all aspects of this process.

The council meets at least three times each year and must submit reports to Congress. According to the Administration for Community Living (ACL):

"The council is tasked with creating and submitting an initial report and biennial updates thereafter. The preliminary report will include an inventory of federally funded efforts to support caregivers and recommendations to improve these efforts and effectively deliver services based on the performance, mission, and purpose of a program. The goal of this inventory is to highlight areas of overlap as well as gaps in federal programs that support caregivers. The initial report will also review the financial, social, and emotional challenges of caregiving and the impact of caregiving on Medicare and Medicaid. The National Family Caregiving Strategy will be developed by the Secretary of Health and Human Services, the council, and heads of other federal agencies. The strategy shall identify recommended actions that federal, state, and local governments; communities; and health and LTSS providers can take to support family caregivers with diverse needs."

ACL has solicited public input through a request for information, and with the help of a collaborative called the LTSS Center, approximately 15 virtual and in-person listening sessions with stakeholders and members of the public will be conducted. The LTSS Center will sort, categorize, and analyze the information gathered from these sources. ACL is conducting an inventory of federal programs that recognize and support family caregivers, evaluating their effectiveness and identifying gaps in support and services.

This information will be used to assist the council in its work to formulate goals, objectives, recommendations, and strategies for its first report to Congress.

The appointment of council members was somewhat delayed, so it is likely that the first report to Congress will also fall a bit behind schedule. The council met last August, this February and May, and has established three subcommittees, guiding principles for a national strategy and primary goals. The report is certainly being compiled as various pieces of the process are completed, but it could be late 2020 or early 2021 by the time it is completed.

Of course the second report or the strategic plan that comes out of the research and recommendations mandated by Congress

is going to put the details in place and provide us with a business plan of sorts with specifics about what the various sectors must do to address the myriad family caregiver issues that have been placed in front of the council. It is worth noting that the council is considering all family caregivers regardless of the age of the person receiving care, including, for example, children with special needs.

On May 20 and 21, the council met for its third full meeting and received a report on the ACL's request for information from the public. Pamela Nadash, PhD FGSA, an associate professor in the Department of Gerontology at the University of Massachusetts McCormack Graduate School, presented her team's analysis of the 1,613 responses generated by ACL.

Interestingly, 75 percent of respondents were individual family caregivers of various ages and racial and ethnic backgrounds, many of whom discussed the physical and mental toll that caregiving exacts. The input focused on the need for additional support for service planning, family-centered care, and respite care. Many caregivers described their financial security concerns and their need for financial support in some form. The need for more flexible work environments, including part-time and leave options was a key input.

Members also heard testimony on various topics including research and data, respite care, and family leave policy. Scott Beach, PhD, FGSA, director of the Survey Research University Center for Social and Urban Research at the University of Pittsburgh, presented on evidence-based family caregiver research and interventions, including a literature review that revealed few studies have targeted caregivers of individuals with disabilities or minority and rural caregivers, or the economic impact of caregiving.

His testimony is worth reviewing as one considers future research foci. Joe Caldwell, the director of the Community Living Policy Center of the Lurie Institute for Disability Policy at Brandeis University, called for the collection of a set of core family caregiver questions that could help us to elicit the data and information needed for policymaking.

Next meetings will take place July 16 and in mid-August. At these meetings we are likely to hear what the first several focus groups or listening sessions will bring to the discussion both in terms of caregiver experience and reactions to the work of the council.

As one colleague told me, "every idea is a good idea at this point," and the council seems committed to getting them all down on paper to review and discuss. I don't have a sense whether this process will end up with a consensus document of recommendations or something different, but at least for now there do not seem to be major splits between members, and they are working on a driver diagram (new to me) as a visual consensus building tool.

There remains a lot of education and advocacy work ahead of us. One of the next important touchstones for advocates will

be reactions to the information collected though the request for information and virtual and in-person listening sessions.

Is the data a reflection of the real-world problems that caregivers experience? Do experts, advocates, and stakeholders believe that the data has been accurately analyzed? Word on the street is that experts and advocates will like the first report if it reflects the information and ideas being put forward thus far. But then at each of the subsequent stages of the process, advocates must remain vigilant to ensure that the report and recommendations lead to change.

Yes, in terms of the regulatory and legislative changes that can be made, but also what we must all do within our spheres of influence — in the health care sector, private entities, foundations — all of us. The work really begins when the recommendations and the strategy are public and shared widely with policy makers.

Finally, thanks to the work of the National Alliance for Caregiving, GSA, AARP, and others, the RAISE Act was extended an additional year. Some of us advocated for a longer extension. The tenure of the RAISE Advisory Council has yet to be determined. At this point, that is not the salient issue because the fruitful process that has taken place thus far and the resulting recommendations and strategies (living documents) will need to be monitored, protected, refined, and fully implemented, and this will take many years and many annual reports.

Recent Policy Actions

GSA signed on to a letter supporting the Promoting Alzheimer's Awareness to Prevent Elder Abuse Act (S. 3703/H.R. 6813), which would require the Department of Justice to develop training materials to assist professionals supporting victims of abuse living with Alzheimer's and other dementia.

GSA endorsed three pieces of legislation sponsored by Senator Robert Casey (D-PA), ranking member of the Senate Special Committee on Aging:

- The [Nursing Home COVID-19 Protection and Prevention Act](#): comprehensive legislation to limit the spread of COVID-19 in nursing homes and other congregate settings.
- The [Pandemic Responder Service Award Act](#): designed to reward front-line health care workers who have responded to the COVID-19 pandemic with funding for loan forgiveness, higher education or personal savings.
- The [COVID-19 Recovery for Seniors and People with Disabilities Act](#): To complement his [prior legislation](#) focused on seniors' health and economic needs, Casey introduced legislation to promote access to Social Security benefits, seamless Medicare enrollment, protection from frauds and scams, nutrition, and more amid the pandemic.

new resources

National Academies Report Shares Recommendations to Fight Social Isolation

Older adults who are experiencing social isolation or loneliness may face a higher risk of mortality, heart disease, and depression, says a new report from the National Academies of Sciences, Engineering, and Medicine, titled “[Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System](#).” Despite the profound health consequences — and the associated costs — the health care system remains an underused partner in preventing, identifying, and intervening for social isolation and loneliness among adults over age 50. For older adults who are homebound, have no family, or do not belong to community or faith groups, a medical appointment or home health visit may be one of the few social interactions they have, the report notes.

The report outlines five goals that the health care system should adopt to help address the health impacts of social isolation and loneliness. It also offers recommendations for strengthening health workforce education and training, leveraging digital health and health technology, improving community partnerships, and funding research in understudied areas. The study — undertaken by the Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults — was sponsored by the AARP Foundation.

AARP Looks at MLTSS Programs’ Relationship with Family Caregivers

“[Recognition of Family Caregivers in Managed Long-Term Services and Supports](#)” is a new report from AARP, which is based on a 2019 study of 31 managed long-term services and support (MLTSS) programs for older adults and adults with physical disabilities. Using key search terms, researchers identified a considerable amount of contract language that sheds light on elements of state contracts that help ensure family caregivers’ inclusion and support in MLTSS programs.

The report found that nearly all state MLTSS programs include family caregivers in service planning and care coordination (upon the member’s consent) and provide some services and supports (such as respite care or caregiver

education and training) targeted to members’ family caregivers. Most state MLTSS programs include family caregivers in their quality assessment and performance improvement (QAPI) programs and on member advisory committees. And a minority of MLTSS programs assess (or reassess) the well-being and support needs of their members’ family caregivers, or allow for family caregivers to be paid as a provider in consumer-directed models of care.

Report Showcases Value of Adult Vaccines

The American Federation for Aging Research and the Global Coalition on Aging have published a new report, “[Adult Vaccinations: Opportunities for Action, Barriers to Engagement, Paths to Healthier Aging](#),” based on a Fall 2019 joint symposium. Reflecting points raised by participating experts from the scientific, medical, pharmaceutical, and private sectors, the report examines the critical role that vaccines play in saving lives and countering antibiotic resistance and how geroscience may improve vaccines effectiveness. Additionally, the report explores the primary obstacles that keep adults from getting vaccinations, and identifies avenues to improve messaging and raise visibility for adult vaccines.

U.N. Publishes Two Briefs on COVID-19 and Aging

United Nations Secretary-General António Guterres recently [gave a video address](#) as that laid out key tenets of how the world should respond globally to the rash of ageism during the COVID-19 pandemic. He emphasized that the response to COVID-19 must respect the rights and dignity of older people. The secretary-general’s message was shared as the U.N. launched a new policy brief, “[The Impact of COVID-19 on Older Persons](#).” This follows a recent issue brief, “[Older Persons and COVID-19](#).” These resources show how the pandemic presents a disproportionate threat to the health, lives, rights and well-being of older persons, and also shows how there is an opportunity to take steps to create a more age-friendly society moving forward. They make it clear that everyone must be a stakeholder, including governments businesses, communities, friends, and family.

Continued from page 1 – America’s Political Future Will Be Shaped by Aging, Journal Indicates

divides are influencing aging-related policies; the impact of aging on the economy; political impediments to aging in place; the importance of support for family caregivers; the longevity and health of U.S. presidential candidates; and how to build momentum through the frames we use to describe aging.

“Recognizing and grappling with the relevance of aging to politics is an essential step to ensuring that we are not

weaving the last thread of the American social fabric but, rather, beginning a new national era that embraces aging and fully supports our interpersonal and transgenerational interdependences,” Lepore wrote. “By achieving these goals, living well into and throughout old age — despite physically or cognitively disabling conditions — will be increasingly possible for all.”

Get to Know Your Junior Leaders: Biological Sciences Section

Hello from Marissa Fahlberg and Raul Castro-Portuguez, your Biological Sciences (BS) Section junior leaders! We would like to tell you about who we are and what we plan for this year at GSA.



Marissa Fahlberg: I am the assistant director of the Flow Cytometry Core at the Tulane National Primate Research Center. In this position, I'm able to collaborate with many investigators on a diverse range of research interests. Most recently, our facility has completed a model of both mild and severe COVID-19 in nonhuman primates, which will be used to test both treatments and

vaccines in an effort to combat the disease. Since COVID-19 is by and large a disease of aging, we will soon be starting a study comparing differences in natural history and pathogenesis of SARS-CoV-2 between young and old rhesus macaques. I am responsible for executing and analyzing the flow cytometric and immunologic arm of these studies in order to assess cellular changes underlying the pathology observed in older individuals which do not exist in younger individuals.

I graduated with a B.S. in pathobiology and veterinary sciences in 2011 from the University of Connecticut in Storrs and achieved my PhD in tropical infectious disease from Tulane University School of Public Health and Tropical Medicine in 2018. Between my bachelor's degree and beginning my PhD, I worked for two years at Beth Israel Deaconess Medical Center in Boston, MA, at their flow cytometry facility, sorting cells for investigators from Harvard Medical School.

From this position and my subsequent years in graduate training, I developed a passion for immunopathogenesis and understanding the sophisticated balance between the disease and an appropriate and effective immune response. Through this lens, I discovered during my PhD that aging itself can be classified as an immunological disease that is responsible for facilitating the development or acceleration of infectious illness that would not be so severe in younger individuals. Therefore, I studied aging as an immunological disease process whereby older age was a major risk factor in acceleration of simian immunodeficiency virus (SIV) in nonhuman primates. This fascination with aging as a disease process and accelerant led to my initial membership in GSA

in 2015, and I have since found a wonderful and supportive community within the ESPO program.



Raul Castro-Portuguez: I am a second-year cancer biology PhD student at The University of Arizona. My research interests are oriented towards understanding the complex network changes in disease, specifically aging and cancer. I am working currently on research that provides new insight about metabolic changes during aging — more specifically tryptophan metabolism —

and how they are linked to liver cancer.

I graduated with a B.S. in Chemistry from the University of Costa Rica. In 2016, I accepted a job at The University of Arizona and worked as a researcher for two years. During that time, I acquired a profound passion for the intricate changes at cellular level affected by cancer and decided to specialize.

I was accepted to the Cancer Biology Program at The University of Arizona. My mentor, George L. Sutphin, has been very supportive of my academic goals and any new ideas to help people. I became a member of GSA last year and was happy to find a network of people eager to help the community. I will do my best to serve the ESPO and Biological Sciences Section during my time as a BS section leader.

As a team, we are excited to be section leaders and facilitate the BS-ESPO symposium at the Annual Scientific Meeting. We hope to create a symposium reflecting our diverse interests and the incredible breadth of research being undertaken as it relates to the biology of aging, in order to inspire connections between different corners of the aging process. The presenters will include both students and professionals whose work will expand on topics spanning detailed cellular and molecular biology processes as well as sex-differences and species-specific differences in aging.

We look forward to interacting with this year's group of ESPO members at our symposium and other events put on by GSA, such as the ESPO brunch where we get to know each other more closely. Through these interactions, we hope to educate new members on all of the resources which GSA offers, and have engaging conversations about their research and the study of aging as it relates to all of us.

funding opportunities

NIA Seeks to Create Superior Cognitive Performance Network

The National Institute on Aging (NIA) is inviting grant applications to establish a network to identify, evaluate, track, and conduct research across multiple sites on older adults with superior cognitive performance for their age ("cognitive super agers"). The activity would support aggregation of sufficient numbers of these individuals to advance the field's understanding of factors that promote sustained cognitive health and those that are not of primary importance.

Uniform identification and uniform data collection will allow the study of the behavioral, neurological, health, genetic, environmental, and lifestyle profiles that lead to sustained cognitive and brain function in advanced age. Where extant data exists, harmonization protocols would need to be developed in order to make use of all currently available data. Provision of protocols to obtain brain tissue at autopsy would be an important component.

Letters of intent are due September 1 and applications are due October 1. The full announcement can be found at <https://bit.ly/2XcL5pI>.

Grants Will Support Research on Balance Control

A funding opportunity announcement issued by the National Institute on Aging and the National Institute on Deafness and Other Communication Disorders invites applications that propose basic and/or clinical studies to investigate central and peripheral control of balance in older adults and/or in relevant animal models.

This announcement is driven by the need to address a major gap

in our understanding of how aging impacts the vestibular system, which, when impaired, contributes to balance problems and an increased risk of falls in older adults. Additionally, given that balance impairment can be attributed to a number of factors (e.g. sensory, motor, cognitive, psychological, and vascular function), understanding the contribution of age-related vestibular loss, and how this interacts with these factors, is critical for informing interventions and treatments for balance problems and falls in older adults.

Letters of intent are due September 2 and applications are due October 2. Learn more at <https://bit.ly/2SNIx0x>.

NIH Funds Slated for Down Syndrome Research

The National Institutes of Health (NIH) and several participating organizations are encouraging exploratory/developmental phased innovation grant applications to support development of clinical trials to treat critical and co-occurring health conditions in individuals with Down syndrome.

The proposed research aims should be milestone-driven. The total project period for an application submitted may not exceed five years. This announcement provides support for up to two years for preliminary/developmental/planning studies, followed by possible transition to clinical trial support of up to three years, although the total duration of the award may not exceed five years.

The next available application due dates are November 3, 2020, and November 3, 2021. Letters of intent are due 30 days prior to the application due date. Visit <https://bit.ly/2vPqjmg> for more information.

Continued from page 1 – Aging Services Can Curb Social Isolation Due to COVID-19, Member Tells Senate

offer one-on-one check in calls and peer groups to homebound elders using virtual technology (telephone and internet).

"Each of these volunteer services is designed to reduce social isolation and build reciprocal support, embracing the idea that elders are themselves a valuable resource to the community," Reed said. "The check-in calls and peer groups help fulfill one of the most basic needs in an elder's life: the need to be known by, and meaningfully connected to, other people."

According to a new finding from the National Academies of Sciences, Engineering, and Medicine, nearly one quarter of older

adults are socially isolated, and more than 40 percent report being lonely. During the COVID-19 pandemic, early studies have suggested that for some older adults, social distancing guidelines and stay-at-home orders are resulting in increased rates of social isolation and loneliness, which can have serious, even deadly, consequences for their health and well-being.

"This time of social distancing does not mean elders must be socially isolated," Reed said. "Nevada CAN and the NEST Collaborative are examples of how to help elders stay meaningfully engaged and connected to their communities."

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Series B Features Articles on Cognitive Interventions

The Psychological Sciences section of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* has published a special section of articles titled “[Cognitive Interventions in Later Life](#).” The papers were accepted in response to a solicitation for papers examining brain games or more structured cognitive training interventions to promote the cognitive health of older adults. Considerable debate exists regarding the effectiveness of cognitive training, especially when the interventions have been gamified.

The papers in this special section include manipulations of the presentation format of the intervention materials (i.e., classroom, home-based, online), the modality of presentation (visual or auditory information), how the intervention sessions were spaced, as well as one study in which the intervention was embedded in exposure therapy for hoarding. A key strength of this special section is that all studies were preregistered prior to submission and this work can serve as a model for the field of psychological aging moving forward.

Series A Publishes Special Issue on Aging and the Gut Microbiome

A new special issue of the Biological Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* — titled “[The Gut Microbiome and Aging](#)” and guest edited by Christy Carter, PhD, FGSA, Thomas Buford, PhD, FGSA, and Michal Masternak, PhD, FGSA — highlights an array of outstanding work linking the gut microbiome to various aspects of aging.

Broadly, these works include conceptual review articles outlining the potential for future work in this area to innovative original studies. Specific topics cover relevant physiologic functions and age-related health conditions including gut dysbiosis, body composition, cardiometabolic risk, and cognition/dementia. The issue also covers a translational spectrum of experimental models from mice (including long-lived Ames dwarf) to rats to monkeys (rhesus macaques) to humans. These articles also explore both the potential for the gut microbiome in identifying risk factors in both early and later life as well as in delivering gut-mediated therapeutic interventions.

Series B Special Issue Focuses on Cumulative Dis/Advantage Theory

In the July issue of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, the Social Sciences section features a special issue titled “[Cumulative Dis/Advantage: Innovations in Research and Theory](#).” This collection of papers focuses on cumulative dis/advantage (C/DA) theory, a perspective which argues that disparities between those with more versus fewer (dis)advantages widen over the life course.

The issue’s foundation is an article written by Dale

Dannefer, PhD, FGSA, revisiting the core themes of his 2003 publication on the topic in the same journal, and suggesting new directions for C/DA research. A series of sophisticated empirical papers evaluate and build on the core ideas articulated by Dannefer, and use both qualitative and quantitative methods as well as data from the U.S. and Europe to delineate C/DA processes over the life course.

Stephen Crystal, PhD, FGSA, provides a thought-provoking essay synthesizing the contributions of the empirical papers in the special issues, describes how they advance the theoretical work of Dannefer, and sets forth a new research agenda motivated by contemporary phenomena including widening disparities between economically advantaged versus disadvantaged older adults, and the COVID-19 pandemic as perpetuating these disparities.

Series B Releases Virtual Collection on Executive Functioning

The latest virtual collection of articles in the Psychological Sciences section of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* is titled “[Executive Function and Aging](#).” The importance of executive function has long been appreciated, as it contributes to a wide variety of tasks involving memory, maintaining attention, keeping goals in mind, switching focus, and multitasking. In recent years its impact on abilities beyond cognition has been acknowledged. Although executive function tends to decline in older adulthood, questions have arisen regarding whether all aspects of executive function are impacted equally by aging and for different groups of people.

The articles in the special collection address these questions. Ted Maldonado, MS, and colleagues pose the question of whether aging similarly impacts each of the three subprocesses that constitute executive function: inhibition of prepotent responses, mental set shifting, and information updating and monitoring. The other two articles in this collection both investigate potential contributions of executive function to other abilities, with Daniel K. Leibel, MA, and colleagues probing its connection with physical performance, and Wei Xing Toh, BS, and colleagues interrogating its relation with subjective well-being. Some of these studies had samples encompassing middle-aged and older adults and considered effects of sex and race, allowing for understanding of executive function across diverse samples.

Taken together, these articles illustrate many trends in the study of executive function as well as in the field of cognitive aging through their examination of subcomponents of executive function, impact on other abilities, the relationship between midlife and older adulthood, and individual differences.

Innovations in Gerontology Education: An Interview with Mary Ann Erickson

Mary Ann Erickson, PhD, is an associate professor of Gerontology at Ithaca College. In this column, she describes her course, Mindfulness in Aging, which she developed in the spring 2020 semester.

How would you describe the course design?

Mary Ann Erickson, PhD: Mindfulness and Aging is an upper-level undergraduate course in aging studies. I designed the course to give participants an understanding of different contemporary approaches to mindfulness, as well as its early Buddhist origins. To complement this academic work, participants also gained experience in a variety of mindfulness practices in an intergenerational context.

Once we were oriented to each other and the basic concepts, we focused on discussing readings on Tuesdays, and practicing together on Thursdays. Students were expected to submit reflections on each reading, and for each week of practice. They also completed a research paper on a topic of their choice relevant to the class material.

What led you to develop this new course?

Erickson: I was fortunate to have the opportunity to offer a new upper level course in the spring semester of 2020. I have been practicing mindfulness for some years, and I had recently completed a graduate certificate in mindfulness studies at Lesley University. Offering a course integrating my background in mindfulness with our Aging Studies curriculum seemed like a great opportunity. It also seemed like the right course to experiment with locating a course entirely at our senior living facility partner, Longview.

Who were your students?

Erickson: Ten Ithaca College undergraduates enrolled in the class, and five Longview tenants audited the course. The Ithaca College students had a variety of majors, from occupational therapy to cinema and photography to chemistry. The students had all taken at least one previous aging studies course.

In what ways did this course challenge you to innovate?

Erickson: When teaching about mindfulness, it's always a challenge to balance sacred and secular approaches. It's important to honor the spiritual aspects of mindfulness, yet I wanted to focus our attention on what social scientists are learning about the impacts of mindfulness practice. The choice of text was key. The book I chose ("Mindfulness: Ancient Wisdom Meets Modern Psychology") was written by a Buddhist teacher (Christina Feldman) and a research clinical psychologist (Willem Kuyken).



Another choice one needs to make when teaching mindfulness is the balance of theory and practice. In a for-credit class, the question of grading and evaluation arises. Especially given the disruptions of this past semester, how can you grade students' mindfulness practice? The weekly reflections worked well for this — I could give credit even if the reflection was a thoughtful paragraph about why the student was not

able to practice during the week. Over the course of the semester, students observed that they had weeks where their mindfulness practice was important and inspiring, and other weeks where it was not. All students found practices that helped them maintain their balance during the changes that occurred in all of our lives over the course of the semester.

What challenges did you face, and how did you overcome them?

Erickson: The biggest challenge was transportation. Longview is just across the street from the Ithaca College campus, but we worried about how to get students to Longview and back to campus, given that some students had classes both before and after the Mindfulness and Aging class. We are fortunate that the college funds a shuttle service, so we scheduled the class during those hours. Even then, students sometimes found it challenging to get to class. I had to be flexible with class timing, ending about ten minutes early so that students could get to their new classes.

Something that might have been a challenge was attracting elders to the class. Locating the class at Longview would have been for nothing if we had not had elders participating. Luckily, we had very committed participants; three of the five elders continued to participate through Zoom after the college moved to remote instruction in March.

Of course, the disruption caused by the COVID-19 epidemic was a challenge. However, we were able to continue our twice-weekly meetings over Zoom, with almost all of our previous participants. The class meetings became more important for everyone, as we all struggled with loss of valued activities and social connections.

What surprised you about this experience?

Erickson: Whenever we gather a group together, we hope that the group will become a supportive and engaged community. In this respect, my experience with this class exceeded my expectations. Typically, the Longview elders arrived early to class. Because students came to class via different modes of transportation,

often some of them were early as well. Everyone made it a point to get to know others in the class, and a caring and respectful community emerged.

The aging aspect of the class was, honestly, carried by the elder participants. We heard from the elders about how they saw mindfulness relating to their lives, including health challenges, caregiving, widowhood, residential moves, and retirement. This content was so much more vivid than I could have made it myself.

What advice would you give to someone interested in teaching a course in this area?

Erickson: I would definitely recommend establishing a personal practice before teaching others. You don't have to have experience in all forms of practice, as there are definitely many audio and video resources available, but one needs to have some experience with both the benefits and the challenges in order to mentor others.

Given that, I wouldn't be worried about how students will react to learning about mindfulness. In my experience, students are at the minimum somewhat curious about mindfulness. Others, of course, are very interested. As long as you make it clear that any practice

is experimental, that we are "seeing what happens," students will probably be receptive.

What are some of the primary lessons you learned from teaching this course?

Erickson: I have taught mindfulness in a variety of contexts now at Ithaca College, and this was by far my best experience. What made it such a good experience were: students and elders committed for the "long haul" (an entire semester); the size of the group was large enough for rich discussions but small enough to feel personal; and elders were equal participants in the class. I think this last point is worth highlighting — as much as the elders at Longview enjoy being resources for classes, they really appreciated the chance to be learners in this context.

What's next?

Erickson: I don't know when I'll have the opportunity to teach this class in this way again, but I hope to talk and write about my experience to promote intergenerational mindfulness opportunities. I believe that mindfulness practice, where we are all working with our wonderful and challenging human lives, is a space with great potential to bring the generations together.


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